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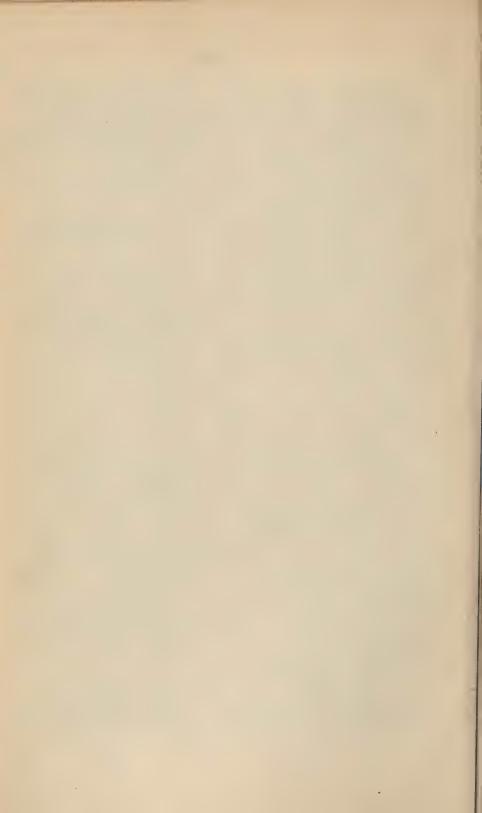
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Plainfield, N. J., March 11, 1884.

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C. M. FIELD, M.D.

St. Louis, July 20, 1883.

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Louisville, Ky., June 12, 1883.

I have used **Example to the Manual State** during the past fe weeks in neuralgic affections, many of them is a severe form, with the most gratifying result and these results have been quite uniform. T. S. BELL, M.D.

Cincinnati, March 11, 1884.

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JULY, 1884.

ORIGINAL PAPERS.

On Paroxysmal Fever-Not Malarial.

Read before the Philadelphia County Medical Society, March 26, 1884.

By J. H. Musser, M. D.,

Physician in charge of the Medcal Dispensary of the Hospital of the University of Pennsylvania. Pathologist to the Presbyterian Hospital.

That non-malarial intermitting fever is of frequent occurrence few will deny. Such cases have come to the writer's notice so often, that, especially as but little can be found in reference to this subject in medical literature, arranged in a systematic manner, he has deemed it of the highest practical importance to record his observations, for the purpose of emphasizing the value of distinguishing these two forms of intermitting fever. In addition to the hurried narration of illustrative cases, a little time will be taken for the consideration of the mode of recognition of the many sources of origin of paroxysmal fever, and a moment given to the mechanism of fever. It will not be out of place, however, to make a brief reference to the writings of others in this connection, and first to that of the late Dr. Murchison.

In a most instructive clinical leture,* he called attention to all the forms of paroxysmal fever, giving twelve varieties, viz: 1. Malarious intermitting fever. 2. Certain cases

^{*} The causes of intermitting or paroxysmal pyrexia, and on the differential characters of its several varieties. Lancet, May 3, 1879.

of typhoid fever. 3. Certain cases of relapsing fever. 4. Pyæmia. 5. Fever from pent-up pus. 6. Fever from ulcerative endocarditis, with or without embolism. 7. Tubercular fever. 8. Fever from lymphadenoma. 9. Syphilitic fever. 10. Urinary intermitting fever. 11. Hepatic intermitting fever. 12. Intermitting fever from Morphia.

In addition to examples under each division, he pointed out the clinical features and points of distinction in such detail that it would be supererogatory to enter upon such line, save in the broadest manner, in this paper.

In the following pages, therefore, cases illustrating the second, fifth, sixth, seventh and eleventh classes respectively, of the above, will be recorded, and some new classes will be added, embracing cases of paroxysmal fever due to gastro-duodenal and pulmonary catarrh, to pent-up serum, to forming pus in a confined space.

Since this paper has been in preparation, a volume of the latest St. Thomas Hospital Reports (vol. xii, '81) came into the writer's hand. Of the many articles contained therein, there is one by Dr. Ord entitled, "On some cases of Pyrexiæ simulating ague." He records a case of ulcerative endocarditis, and one of jaundice with obstruction attended by intermitting fever. Similar cases are detailed below, and hence it will not be necessary to more than refer to them. Cases III and IV of his list are very interesting, and worth repeating in abstract.

"Case III.—Female, æt. 58. Most of life in Mauritius. After returning to England suffered from what was called AGUE—shiverings, heats and sweatings at irregular intervals. At first no pain, but finally increasingly severe pain, attended with vomiting, was felt in left illac region. The symptoms repeatedly recurred for months and were regarded as outbreaks of latent ague acquired abroad. Treatment by quinia and arsenic. She finally, after a severe paroxysm, passed a stone the size of a bean from her bladder. Instant relief followed and six months passed away (to time of writing) without any return of fever or sweating."

Case IV is more remarkable, and for the possibility of its like appearing to us, it should be kept in mind.

"Case IV — A man, at. 30, never in the tropics, had daily attacks of high temperature, with shivering and sweating. He was sallow, worn and emaciated. His liver was enlarged; his spleen not. He had syphilis. The fever would be reduced by quinia, but only for a time. Thirty grains of iodide of potassium daily cured him, the intermitting fever having been considered by Jenner, in consultation, a manifestation of syphilis."

1. The temperature curve of typhoid fever simulates intermittent fever almost always at some period of its course. During the first week of the disease it is a difficult matter to decide whether a true intermittent is present or not, while in the decline of the disease a distinctly intermitting type is generally recognized. During the period of convalescence one must be watchful that the transient fever which so frequently develops, may not be considered malarial. The temperature during the course of typhoid fever, and the convalescence from it, is, as Dr. Cayley puts it, *labile*. It rises and falls with only the slightest provocation, and frequently takes on an intermitting type.

"The following is a rare case of typhoid fever, in which the temperature at the height of the disease was distinctly intermitting. Dying the sixth day of observation, it was noted that four days before death the patient had daily a congestive chill, followed by a very high temperature. The temperature on the morning of the first chill was 101½ (Fahr.), the evening 104½. The morning temperatures thereafter were on the second, third, and fourth days, respectively, 96½, 99½ and 96½, and on the corresponding evening hour, 104¾, 105½ and 106½, the latter two hours prior to death. It was considered a case of congestive malarial fever. The autopsy revealed the lesions of typhoid fever about the twelfth day of the disease."

II. It is well known that the fever from pent-up pus is frequently, almost constantly, of an intermitting type. An empyema has frequently been overlooked on this account,

but it has never fallen to the writer's lot to have a case that could not easily be recognized. It was different in other cases of deep abscesses, however, and notably in a case—the true nature of which, Murchison says, is almost always overlooked—a case of hepatic abscess.*

"The patient, a male, 39 years old, had lived on the Susquehanna, near Harrisburg, and had had chills and fever daily, three weeks prior to admission to the hospital. When admitted he did not seem very sick; he had walked to the hospital. When admitted he did not seem very sick; he had walked to the hospital, and was permitted to be up each day. He was slightly emaciated and his liver was enlarged. He had daily paroxysms of fever, but the sweating stage continued all night, being more prolonged than in malarial intermittents. He died of hemorrhage from the bowels, one week after admission. The hemorrhage was found to be due to extensive ulceration of the large intestine, not suspected during life, on account of the occurrence of constipation. In addition, at the autopsy a large abscess in the right, and two small ones in the left lobe of the liver were found."

The following table exhibits the temperature record, and shows that we should have considered more seriously the low febrile range:—

				A. M.	P. M.
October	r 9,			99	100
6.6	IO,			90	101
6.6	II,			99	102
6.6	12,			99	IOI 2 5
6.6	13,			99	102°
6.6	14,	•		$99^{\frac{3}{5}}$	IOI
6 6	15,			98%	99

The history of residence in a malarious locality, the temperature record, the absence of marked local symptoms and of intestinal disorders, favored malarial intermitting fever; the absence of enlarged spleen and the low temperature range negatived that fever.

^{*}Trans, Path. Soc., vol. viii.

"A child was seen with a history of daily febrile paroxysms, suspected to be malarial. The child had a severe paroxysmal cough, however, and was losing flesh and strength rapidly. An examination revealed the physical signs of circumscribed pulmonary consolidation, and the mother related the swallowing of a tack some time previous. Ten days afterwards, after a paroxysm of coughing, the tack and a large amount of pus were expectorated. The hectic soon lessened, the resulting cavity rapidly closed and the patient's health was restored. Another example of deep-seated abscess."

Abscesses developing near mucous surfaces are ofttimes very puzzling, at least in their early period.

"An abscess of the prostate gland, in a man 48 years old, was one of the most difficult to discern. The patient had been sick a week, and when seen by the writer was in the midst of a febrile paroxysm. He had marked gastro-intestinal derangement, with dry, brown tongue, extreme malaise, daily febrile paroxysms, preceded by chilliness, and followed by profuse sweats, which continued in the night; in addition a dullness of intellect was observed. Six days after the first visit urinary tenesmus was noticed, subsequently rectal distress; an examination revealed a distinct prostatic abscess. It is of interest to note that fever did not occur after the abscess had fluctuated and hence that the forming stage of an abscess sometimes is attended with paroxysmal fever. The following exhibits the evening rise and morning fall, taken on different days:---

```
"13, 4 P. M.,....102\frac{3}{5}\cdots

14, 4 P. M.,....99\frac{1}{5}\cdots, cinch. anticipated.

15, 12 M., ....102\cdots, cinch. in lessened doses.

16, 12 M., ....98\frac{1}{2}\cdots, cinch. in increased doses.

17, 11 A. M.,....98\cdots, cinch. in increased doses.

18, 5 P. M.,....103\cdots, cinch. in again lessened doses.

19, 9 A, M.,....98\frac{1}{2}\cdots, 5 P. M., 103\cdots\cdots.
```

A febrile paroxysm was not detected after the 20th, and

the table shows that cinchona merely prevented the paroxysms, but did not control them. The case was certainly difficult to analyze. The absence of enlarged spleen, the return of the fever after discontinuing cinchona, and the exhaustive sweats, repulsed the idea of malaria. The appearance of the tongue, the malaise, the headache, and the dullness of the mind, with the fever range, made one consider typhoid rather seriously. On the sixth day (19th) after my first visit the local symptoms defined the lesion. The febrile action then ceased, but the local inflammatory condition continued. It would probably explain the cessation of fever with complete suppuration to say that the soft tumor was not so much an irritant as the hard mass prior to puss formation.

Not only must pent-up or forming pus be considered factors in the causation of a periodical fever, but confined serum or forming serous exudation may undoubtedly give rise to intermitting fever. A case of subacute pleurisy with effusion, in which there occurred in the course of the dieases distinct intermitting fever, came under the writer's notice. The usual evening exacerbations were present, but in the morning the temperature had fallen to, or almost to, normal. So marked were the paroxysms that an empyema was suspected, and doubt only removed by paracentesis proving effusion to be serous. Two similar cases have come to his notice in private practice, both in children. The one, a lad II years old, had a dry cough for three weeks, with afternoon malaise and fever. The attendant ordered quinine with but little benefit. An examination of the lungs revealed a large collection of fluid in the left pleural sac, which rapidly disappeared under treatment. The temperature was recorded but once daily for obvious reasons, but at times in the mornings, again in the evening. Invariably an evening rise, a morning fall, were noted; but it never ranged higher than 102, and there were no profuse sweats following. From the rapid disappearance of the fluid and speedy renewal of the lad's health, the effusion was called serous and not purulent.

It may seem very trite to record such simple cases, but when, only lately, a child was seen in consultation, ill from a supposed meningitis, but truly so from an actual serous pleuritic effusion, one should feel that nothing is commonplace, and that it is the little things that need to be constantly dwelt upon. With this remark it may be stated that the fever of pneumonia may be intermitting. Later in the paper cases of catarrhal pneumonia will be referred to, but now the croupous variety is considered. Four cases, all in children, are recorded in the writer's note-book. Two of the cases were in his care from the first; two were attended by other physicians coming to him later.

"In the first case he was egregiously deceived. The child æt. 4, for five days was well to all intents and purposes, in the morning, eating and playing about with possibly only a slight cough. In the afternoon the temperature would rise to a great height (104½), and the child would be sick until midnight. Repeated examinations of the lung could not detect a pneumonia until the fifth day. He was mis led by the absence of dullness and of bronchial breathing, and the occurrence of tympany over the affected lung, as has been rarely noted.

"Case number two, of the same character, occurred in a girl 7 years old. A chill, followed by high fever, with nausea and vomiting, substernal pain and cough, marked the onset. Seen the third day, her temperature in the evening was 104½, with the above symptoms intensified, and a very rapid pulse (140) and rapid respiration (48). Both the fourth and fifth days the temperature was normal in the morning, high at night. On the fifth day bronchial breathing was first noted at the right base; on the seventh day, dullness; on the ninth day resolution began; after the fifth day the fever was continuous. It seemed like a case of retarded pneumonia—as regards physical signs—according to the observation of Dr. Andrew Clark."

Following the outline indicated by Murchison, the next form of intermitting fever he discusses is that due to endocarditis. The following case* of ulcerative endocardi-

^{*}Trans. College Physicians, Keating.

tis, the febrile range of which was characterized by daily paroxysms, is of interest. There was no difficulty in recognizing the nature of the affection.

TEMPERATURE RECORD.

				A. M.	P. M.
21,				I —	1035
22,				$100\frac{1}{5}$	1015
23,		e	۰	$98\frac{2}{5}^{\circ}$	99
24,			010	98	105 3
25,			٠	975	1035
26,				99	103
27,		•		99	10030

The writer observed it during life, and deems it worthy of being recorded in this connection.

It would be a great surprise to know how many persons, in the latter stages of phthisis, when giving a history of their complaint, say that it was preceded by malaria or malaria broke them down. Over and over again is such a sad tale told us in the medical dispensary, and it is a matter of fact that not only do the laity, but many physicians consider early cases of phthisis as malarial in nature, entirely overlooking the local troubles. When speaking of catarrhal fever, the subject will be adverted to again, but the cases of tubercular origin are sometimes none the less examples of intermitting fever, non-malarial. Repeatedly my notes show cases that had been treated for malaria in the early stages. Not only in the formation of tubercle in the lungs, but also in the brain, is the process accompanied by daily paroxysms of fever at times. One case that came under notice was particularly impressive.

"The attending physician was going out of town for the summer, and left in the writer's care a little girl 5 years old, in the fourth week of her fatal illness. She had always been a bright child, of nervous temperament and of tubercular diathesis. The illness was of four weeks' duration, marked in the early period by failing in flesh and strength; in the latter period by a chill or chilliness every evening,

followed by a night of restlessness and fever. She never complained of headache, nor did she vomit, while her bowels were regular. Eight days before the present attendant saw her, her physician visited her, and attributed the symptoms to malaria; quinine was used. Four days thereafter headache began. The day the writer saw her (fourth week), she had a slight convulsion and other unmistakable evidences of tubercular meningitis, of which she died in seventy-two hours."

How terrible to be compelled to tell a fond mother the innocent malaria only simulated the baneful meningitis. The writer once made the mistake of attributing a periodical headache to malaria; tubercular meningitis was the cause of the pain. It is seen then, and it is well known, that many manifestations of that disease are periodical.

The succeeding case of chronic hepatitis with enlargement illustrates that form of intermitting fever, which is hepatic in origin. The diagnosis was made without difficulty, especially the differentiating from intermittent fever of malarial origin. The following abstract of the history includes all the important points:—

George W.,* at. 43, German farmer, of Manayunk, contracted diarrhoa during the war, which has always shown some tendency to return. Has had malaria; probably has had syphilis; otherwise been very healthy. Family history good. Admitted September 2, 1877, with well-marked jaundice; emaciated, and presented the symptom of itching, dark colored urine, languor and steepiness, and a small, slow and feeble pulse.

"The jaundice appeared gradually in February of 1877, preceded by several days of diarrhea. Since then marked dyspeptic symptoms, relieved by attacks of diarrhea; stools at times clay-colored, at times normal, Some edema of feet, but ascites never detected. October 2, liver from fourth interspace to two inches below margin on deep purcussion, margin smooth and resisting; no pain or tenderness. October 15 to 25, uncontrollable hiccough. Ex-

^{*} Trans. Path. Soc. 1878.

treme exhaustion, rapid emaciation, deepening jaundice, semi-typhoid state; death Nov. 4. Autopsy revealed the diagnosis to be correct.

"The temperature record is noted with the remarks of Dr. Guiteras, whose resident physician the writer was at the time, on its curious range, in order to associate the

case with a paper on fevers.

					Morning.	Evening.
October	21,				100	98°
66	22,				98°	103°
66	23,		٠		$95\frac{2}{5}^{\circ}$	100
6.6	24,			٠	$101\frac{2}{5}^{\circ}$	96
6 6	25,		,		93°	101
6.6	26,	•	0		95	943/4
6 6	27,				103	98
6 6	28,	•			955	100
6 6	29,				97°	98%
6 6	30,		٠		97	98
6 6	31,				94.3	96
November	Ι,				99	93
6 6	2,	•			95	96§
6.6	3,				915	91

"I find that every third temperature is pretty regularly a high one, the fall being very great in the two intervening temperatures; so that the rise and fall do not present the usual relations to the morning and evening hours. The curious range of temperature may be due to an intermittent absorption of effete products from the liver, or an intermittent arrest of the oxygenating processes going on in the liver, an arrest that must influence the general temperature, if we remember that in health the temperature of the organ reaches 106°."

In another paper* of the writer may be found reported a case of primary cancer of the gall-bladder.

Early, in fact almost until death, the attending fever was thought to be of malarial origin. The writer, as well as others, made the mistake. Until a few months before her

^{*} Path, Soc. Trans., Phil., '81.

death the fever was distinctly intermitting, with chills; later it became remitting and then continuous. Although there were jaundice and occasional attacks of vomiting, there were no special evidences of localized disease. The spleen was enlarged, and so it was thought to be a miasmatic fever. The change in type, the extreme exhaustion and the emaciation caused this idea to be abandoned. Until death it was obscure. A sufficient cause for the temperathre range was found at the autopsy in a suppurative inflammation of the bile ducts, and the healthy portion of a gall-bladder, the remainder of which was the seat of carcinoma. One can see now that more stress should have been laid on the occasional vomiting, the slight hepatic tenderness, the previous history of biliary colic, the persistent and deepening jaundice, and the great emaciation, and thereby a diagnosis been made between miasmatic fever and suppurative fever."

Here will briefly be recorded two cases illustrative of the fever of hepatic origin, not because of one difficulty in their recognition, but because one of them, the first, had been treated for malaria."

"This one was the case of M. Mc., at. 50, who suffered at irregular intervals, often repeatedly in a week, with attacks of severe pain in the epigastrium accompanied by a chill and followed immediately by fever and sweat, and in a few days by jaundice. He died several months afterwards in the writer's care of obstructive jaundice from impacted calculus, after two of these attacks in succession."

When these attacks occurred, every day or every second day, it can be readily seen how a mistake in diagnosis could have been made. Attention to details, however, with the therapeutic test would have been good aid. The paroxysms, by the way, were no doubt due to the irritation of the discharging calculus. The other case was that of an impacted, possibly, ulcerated biliary calculus. The history of the case, the jaundice and the local inflammatory changes prevented one from erring.

In addition to the preceding examples of paroxysmal fever, a series of cases will be adverted to which Murchison has not referred to in his lectures, and with the nature of which it is of the utmost importance to be perfectly familiar. Reference is made to catarrhal inflammations of pulmonary, the gastro-intestinal, and the genito-urinary mucous membranes with secondary intermitting fever resulting therefrom. Especially important is it, for unless the fever is traced to its source, grave organic mischief will become so pronounced as to lead to disastrous consequences. Witness a phthisis following an overlooked bronchial catarrh.

It savors much of the teachings of Broussais, to say that catarrhs are the source of fevers, but there is no doubt that just so far as the philosophic Frenchman erred in that extreme, so do we at the present day err in the other, by attributing most fevers to zymotic process. Prof. Pepper,* in a timely and instructive address, calls attention to these dangers: That fever is too often considered as due to a zymosis: that zymotic diseases are of self-limited duration; hence that active treatment is of no avail and especially that the accompanying catarrhs are neglected. Further, on account of these beliefs, the catarrhal process that is often the cause of a fever is overlooked, and thus the commencement of serious local disease is not thwarted.

Reference was made, in another portion of the paper, to the frequency of assuming early tubercular disease of the lung, accompanied by intermittent fever, to be due to a miasmatic fever. The following notes indicate the clinical course of some cases of catarrhal disease of the air passages, which often are the forerunner of so-called catarrhal phthisis. Other examples have been noticed, in which there has been only slight catarrhs, without hemorrhage, much cough or emaciation, with attendant fever, occurring in paroxysms.

One of the most typical cases of paroxysmal catarrhal

^{*}On some of the relations of catarrhal affections, Trans, Am. Med. Assoc., 1883.

fever came under observation in August, 1880, and was the first to lead to the investigation of the question.

"A man, 40 years old, of previous good health and habits, of good family history, and residing in a healthy neighborhood, sought advice for "chills." Daily at 11 A. M. he would have a chill followed by fever and sweat. The entire paroxysm continued until 6 P.M. His digestion was impaired, and his bowels were constipated. The usual treatment was employed. He reported twice that the chills had ceased to return at once when the medicine was finished. He also reported that his sweats continued throughout the night, and that he was losing flesh and strength. At the third visit he was much dissatisfied, for a former slight cough had grown more pronounced, he had bloody mucous expectoration, and the chills continued. Upon careful examination a distinct area of consolidation at the root of the right lung, with attending blowing breathing, and some sub-crepitant rales were found. Active treatment was determined upon, and in six weeks the patient was cured. He has followed his occupation ever since (engineer), is heavier than he ever was, and in perfect health.

"Further: A young miss of 20 years, the past winter, was conducted through an attack similar in many respects. Originating in a severe cold, with harassing cough, chest pain, no expectoration and with loss of appetite, nausea and constipation; she lost flesh, and had, the first two weeks of her illness, daily morning chilliness, fever in the afternoon (102), followed by an exhaustive sweat. During this time the physical signs of a bronchitis were present, with marked localization of the inflammatory process at the right apex. A day of undue exposure and exertion was followed by a severe chill and rapid rise in temperature, with distinct evidence of catarrhal pneumonia at the location indicated above. Chills and fever daily, profuse sweats, emaciation and gastric derangement were prominent for two weeks. The former symptoms then subsided, but it was fully two months before the lung cleared up, and the patient gained health and strength. The family and friends constantly reiterated their opinion that the attack was primarily malarial."

Probably the most difficult, the most occult form of paroxysmal fever of catarrhal origin to recognize, is the one due to that lesion of the intestinal tract. There are no physical signs to betray it, and generally the intestinal derangement is considered secondary to the febrile process. It seems impossible to distinguish the specific from the catarrhal form, save by the presence or absence of the enlarged spleen, the change in the urine of malarial subjects and of the blood when the malaria is chronic, especially when a recent writer tells us that epigastric pain, vomiting and constipation are symptomatic of malaria in children. The following record is a typical illustration of this variety, and is a most instructive and pertinent case:

"E. M., at. 5. Inherits a tubercular diathesis from mother. During November and December of 1881 had no appetite, was obstinately constipated, and lost flesh. She became delicate and puny-looking. The latter part of December she was seen on account of the above symptoms and of an irregular fever. The course of the fever was at first difficult to determine, but finally it was found to be distinctly intermittent. She was visited at various hours of the day, and found that at II A. M., daily, she would be cold, shivering and begging for extra covering. Her extremities, nose and ears would be very cold, her lips bluish, and the features pinched. At the same time the pulse would be rapid and the temperature in the mouth 102. In a half hour the exterior warmed, and very soon she would have high fever, the temperature rising to 103-1031/2. The febrile stage lasted three or four hours, and was not followed by profuse perspiration. Save weak and without appetite, by night she would be perfectly well. Quinia was given in continuous doses at first, afterwards in doses to anticipate the paroxysm; but without any good effect. The paroxysms were lessened in severity only while the already poor appetite was made poorer and the digestion more impaired; for two weeks an anti-periodic treatment was continued, and at the same time laxatives were used to overcome the constipation; at this time (January, 1882), she was thin and worn, the paroxysms of fever were daily, the appetite was very poor, the breath offensive, the tongue covered on the dorsum with a yellow-white fur, pointed, and with no papillæ; vomiting occasionally occured, and always some pain after eating; the bowels remained obstinately constipated. It seemed to me, after a time, the fever was a secondary matter, that the gastro-intestinal disorder was primary, and that such disorder was subordinate to the diathetic constitution. Hence she was placed on small doses (1/2 gr.) calomel with bicarb. of soda (5 grs.) every three hours. In three days cod liver oil with syr. of the hypophosphite of lime was added to the treatment. At once she began to improve; her appetite first, then her bowels became more regular. In two weeks the child rapidly improved under this treatment, after being treated previously for more than two weeks for malaria. It may be added here that twice or three times E. became constipated with similar febrile symptoms noted above, and that the parents, without my advice, cured her with the cod liver oil mixture.

- "A case very similar to the above was also seen. It is useless to report the details of the case; remedies directed to the gastro-intestinal catarrh, with accompanying intermitting fever, effected the cure.
- "A case of stricture of the pylorus, in its course, at one time presented daily chills and fever. Quinia did not control the paroxysms. During the time of the fever, and for a week afterwards, the stools of the patient were composed of mucous or membranous casts of the intestinal canal or of a pultaceous mucoid discharge."

These cases incontestably prove the proposition that intermitting fever is often due to catarrhal inflammation of the intestines, and that remedies directed to this locality alone will cure the disease. This clinical record will be closed by the report of an observation of a case, the nature of which is somewhat obscure. It is not given, therefore, without some misgiving. It appears that the only title that could be applied to it would be paroxysmal fever of neurotic or hysteroidal origin.

"The patient was 25 years old, of a rheumatic diathesis and nervous temperament. She presented a history of "chills and fever," recurring at irregular intervals for two years. The paroxyms were of the quotidian type and the attacks lasted one or two weeks. Considered to be malarious; quinia or chinchona was always given by her attendant, and the usual remedies for malarial toxæmia used, without cutting short or preventing the attacks. The writer attended her through two attacks. They were of the following nature: Preceded by dyspeptic symptoms for a few days, a violent chill attended the onset of the attack, accompanied by severe headache, with tender spots and one or more localized points of pain in the body. In one of the attacks the pain with the first chill was fixed at the end of the spine with exquisite tenderness; in another it was in the epigastrium. The chill was an hour in length and followed by fever. With the fever the face would flush, the eyes "burn," and the skin be hot and dry. The temperature would rise to 103 or more, the pulse be full, bounding, rapid. Evidences of gastric catarrh with constipation were also noted. During the paroxysm the most pronounced emotional disturbances were manifest, so that had fever been absent it would have been without difficulty considered a case of hysteria. A sweating case of two hours followed the fever.

"The paroxysms recurred daily for a week, but with the repetition of each one the pain would be seated in another portion of the body—in the occiput, the shoulder, or the knee-joints—while the emotional disturbances would be also present. The pain was described as unbearable, and could not be influenced by almost incredible doses of the usual anodynes. Quinia was given in enormous doses in the first attack, without any beneficial influence.

"The fact that the paroxysms occurred towards night and that they were accompanied by hysterical symptoms of a high degree, the utility of quinia and the absence of enlarged spleen rendered the opinion that the case was of neurotic origin, probable.

The second attack was very similar. Vomiting was, however, a more persistent symptom. The duration was about one week, and it appeared to yield to remedies addressed to the hysteria and the gastric irritability. The whole tenor of the patient's life was changed since then, so that for two years she had not had a return of the supposed malaria, notwithstanding she is exposed to the same malarious influencies.'

Time will not permit a review of the various affections in detail, in order to establish a differential diagnosis between these simulative disorders and a true intermittent. Any attempt at a positive diagnosis of paroxysmal fever, however, should not be made without keeping in mind the following proposition: In the first place, one would say that given a case with a chill and fever, a diagnosis of intermittent ought not be made from the nature of the first paroxysm, unless it be vital to do so, as in a pernicious intermittent. Then, if such a case is presented that yields but partially to anti-periodics, they should be discontinued and a fresh start in the diagnostic inquiry taken.

In order to fully establish a diagnosis a careful study of the antecedents of the patient should be made relative to previous health, habits, place of residence, and family history. Then, in favor of malarious intermittent, we should, after this study, expect a morning hour for the chill (Flint), the well-known changes in the composition of the urine, and if chronic, the enlarged spleen and pigment granules in the blood. If with one or more of these favorable factors present we could exclude all possible source of organic disease, by an examination of each individual organ, the blood (leukamæmia), the eye ground (tuberculosis), the lungs, liver and gastro-intestinal tract,

we would be warranted in the diagnosis of malarial intermittent.

It seems, further, to be of value to note that emaciation of a high degree is more common in non-malarious intermittents.

The same may be said of exhaustion. The latter occurs to a certain degree, and is attended with a pronounced anamia, so easily recognized as of malarial origin. Then, too, a long sweating stage and a low febrile range rather disprove the presence of the malarious influence.

Enlargement of the spleen is not to be considered, in acute intermittents, as of little moment. In a series of twelve cases of intermittent in children, eight presented the enlargment, which had subsided a year after the first examination.

There is but little doubt that fever is of neurotic origin, and the examples which have been recorded to-night more aptly illustrate this cause than any other class of cases. The profession is so thoroughly imbued, however, with the idea of no fever, unless a zymosis or blood-poisoning, that it is of practical value to refer to the mechanism of fever briefly. As shown by others, disastrous results oftimes by addressing means to the cure of a zymosis, or by passively allowing a febrile process to continue its supposed self-limited course, when actually a zymosis was not present, and remedies otherwise applied would have been beneficial. The reference to the mechanism, therefore, is to show that often fever is of a reflex origin due to peripheral irritation—a neurosis.

The element of intermittency itself is a powerful argument in favor of its neurosal origin. This is not the time to engage in philosophical speculation, or to demonstrate the relation of the fundamental principle of the rhythm of motion so grandly elaborated by Spencer. Suffice it to say, that to no other set of tissues or systems could we look but the nervous system for an explanation of intermittency. Aside from this, however, in the masterly study in morbid and normal physiology by Wood, on the mechan-

ism of fever, we find sufficient argument and proof "that a depressing poison or a depressing peripheral irritation acting upon the nervous system which regulates the production and dissipation of animal heat," causes fever.

Among the illustrations presented to-night, there are some which strongly, clearly indicate the reflex origin of fever from peripheral irritation; witness the case of physical calculus or of gall-stone. By what other supposition could the phenomena be explained? Likewise, though with an element of doubt intermingled, in the cases of gastro-intestinal catarrh, the fever may be considered as due to reflex processes. In the other cases the fever is, no doubt, due to the absorption of a poison which acts upon the nervous system, and as opposed to Charcot and Billroth, one would think that the phenomena of intermittency is due not to paroxysmal discharges of pus or poison into the blood, but to rythmical responses of a nervous system to a constantly-active poisoned blood.

History of a Case of Bitiary Calculi—Gall-Stones.

By P. B. McCutchon, M. D.

[Read before the New Orleans Medical and Surgical Association, May 31, 1884.]

Mr. President and Gentlemen:

I present for consideration and discussion, this evening, the history of a case of biliary calculi.

The diagnosis of gall-stones is often more or less difficult. The sudden accession of pain, aggravated in paroxysms, and attended with shivering fits, two or three hours after meals, the constrictive nature of the pain, and its being referred to the right side of the abdomen, are very characteristic.

Jaundice coming on makes the diagnosis more certain, whilst the finding of the stone confirms it.

In this case there can be no doubt about the diagnosis, as the stones were found.

I obtained the following history:

In June, 1882, Mrs. G. K., aged 45 years, was suddenly seized with pain in the lower part of the abdomen. Opiates were administered which relieved her. She then suffered with quotidian intermittent fever which was soon cured. She continued to have similar attacks from time to time until March 26, 1883. At this time, Doctress—, an eclectic physician, paid her a visit and noticed at once the yellow color of her skin, which was now remarked for the first time. The following night she was very ill when Doctress— was called and used homœopathic remedies, but failed to do any good.

Opiates again afforded relief.

She had been ailing more or less during the previous year.

Having already had two regular and one irregular (eclectic) physician, they determined to call another, the father of one of the regular physicians. He questioned the patient very closely—analyzed the urine—and made a diagnosis of either gall-stones or abscess of the liver. Her stools now were observed to be white. When the doctor was told this he gave ten grains calomel to be taken one day and one-sixth of a grain podophyllin the next day, to be continued until her stools became the proper color, taking it for three months. As she became salivated she was obliged to take it irregularly.

Reading Dr. Gunn's work, "Domestic Medicine," extract of dandelion (Ext. Taraxacum) was tried as he directs. "After taking this her stools changed to the proper color."

In July, 1883, she went to Ocean Springs, Miss., where she remained until the last of September; whilst there she had no attacks and took no medicines.

Soon after her return she had another attack and sent for one of the doctors, who had treated her before. Hypodermic injections of morphia and the inhalation of chloroform afforded relief for a very short time. She felt as though vomiting would relieve her and drank warm (hot) water freely, when suddenly during the act of vomiting she felt as if something had left the place where the pain was. Having looked for stones for so long a time and not finding them, she had given up the idea of her having any. She may have vomited one up.

She continued to improve with the exception of a light fever. Her stools being again white, some one advised her to take dandelion root and colombo root, which she did. After which her stools became of the proper color. Her condition was now that of a sick and well person alternately until November. About this time she had a severe chill unaccompanied by the pains of the previous attacks, but with an oppression in the lower part of the abdomen. A second and a third chill followed at intervals of one and two weeks until December 24th, when she passed a stone, which was found. I saw her on December 27th, she was suffering severe pain in right hypochondrium. I prescribed powdered opium, powdered ipecac, of each one-half grain, powdered rhubarb, one grain, to be made into a pill, and a similar pill to be given every two hours until relieved. I also recommended seltzer water with bicarbonate of soda in it, and prescribed, a few days after, a solution of quinine, as she was having fever. On the first of January she passed another stone larger than the first.

Before discharging her I told her, if she wished, she could try large doses of olive oil. She commenced to take the oil on the 20th of March. She took two gills a day for three days in succession, omitting the fourth; then three days in succession, again; then two days in succession, omitting two days; then five days in succession, which brings us to the present day (April 4th, 1884)—having taken seven pints of oil. On the days she took the oil she was much nauseated and had no appetite. During the intervals her appetite was good and she felt well. After the third dose of oil was taken she passed soft gall-stones. At first she paid no attention to them, but being told they were gall-stones, she began to count them, and up to the present time, April 4th, she has counted four hundred and eighty-three (483) The size

varied from that of a pecan to that of a small pea. The color from white to dark green. When the oil was taken she passed the stones, and when no oil was taken no stones were passed. After passing the first quantity of stones she felt very much relieved. She is now (May 31) at Abita Springs, La. She feels better, has passed no more stones, and the jaundice is disappearing.

We will now consider some of the points of interest connected with this case:—

- 1st. Duration of symptoms before the gall-stone was discovered.—The first symptoms of their presence were manifested nearly three years before the stones were detected.
- 2d. Jaundice and itchiness of the skin.—In this case whenever the skin was yellow there was itchiness: this symptom is present in a great many cases, and produces much suffering. "It is not known on what ingredient of the bile this itchiness depends, but the fact of its occasionally preceding the jaundice renders it probable that it is not caused by the bile-pigment. It is rarely observed except in cases where the jaundice is due to obstruction of the bile-duct. The bicarbonate of potash is the only remedy that appears to give relief."
- 3d. Constipation.—This condition was present nearly the whole time; she would only have actions from the bowels after taking medicine. The stools were always colorless during the attack and of the proper color in the intervals. She thought dandelion had some part in bringing them to their normal color.
- 4th. Visit to Ocean Springs.—It will be remembered that this patient spent several months at this place and during her stay she took no medicines and had no attacks of bilious colic. Might not the spring water have had something to do with this freedom from attacks?
- 5th. Treatment. The treatment has been for the most part palliative—such as the administration of some form of opium. It is true other remedies were tried, as we are

told "that the physician gave some acid which he thought would dissolve these stones."

When the stools were white, calomel and podophyllin were given on alternate days and continued for a long time without any benefit.

At my suggestion she took large doses of olive oil for some time, which caused the expulsion of a number of oblong bodies, of firm consistence; they could be cut with a knife, and some of them were white, light green, and others were of a dark green color. I thought these were gallstones, and requested one of my confreres to examine them microscopically, which he did and told me he thought they were gall-stones; the box containing them was wrapped in paper and put aside; in a few days, the paper and box were saturated with oil; upon opening the box, there appeared to be nothing but a skin (rind) left. At once, then, we concluded they were not gall-stones. What were they? I have some which were passed on the third of April, 1884.

A few days ago my attention was called to the following in Flint's Practice of Medicine: "A patient who con-"sulted me, having suffered much from the passage of "gall-stones at one time took for a number of days, a pint "or more of olive oil daily, at the suggestion of some one "who assured him that, in this way, he had gotten "rid of a large number of stones without pain. The "patient stated that, under the use of this remedy, he dis-"charged from the bowels an immense number of small "hard bodies, which were supposed to be biliary calculi. "These are not scybalae, that is, masses of fecal matter, · but they are composed of a concrete form of fatty matter " like the bodies passed in some of the cases of fatty diar-"rhœa which have been reported. A case is quoted by "Dunglison, in which olive oil, taken abundantly for the "relief of pains attributed to gall-stones, was followed by · the discharge of fatty matter of globular form, varying in "size from that of a pea to that of a moderate grape, of "sufficient consistence to be cut with a knife like wax." Excuse this long quotation, but it seems to solve so completely the problem, I have been trying to work out for some time that I could not omit it.

Recurring to the history we find these words "when the oil was taken she passed the stones, and when no oil was taken none were passed." This fact seems to corroborate the above quotation and indicates that the oil was the cause of these conditions.

This case has been very interesting to me and has demonstrated how prone we are to form conclusions without thoroughly analyzing all the facts of the case.

Here is a patient who passed undoubted gall-stones, she afterwards suffered with pains similar to those which she had before passing them, she takes olive oil in large doses, she passes a large number of concretions the natural conclusion is, they are gall-stones—but subsequent observations show the fallacy of such a conclusion.

THE NEW ORLEANS MEDICAL AND SURGICAL JOURNAL.

PUBLISHED MONTHLY.

Communications relating to medicine are invited from every source. Matters of more than ordinary importance are occurring daily to country physicians, brief reports of which this Journal would be glad to get.

In sending such communications, and others pertaining to Editorial Department, as well as those relating to business, address New Orleans Medical and Surgical Journal, P. O. DRAWER 282, New Orleans, La.



SALUTATORY.

Again, the New Orleans Medical and Surgical Journal has changed its editorial management. The first number of this volume goes to its readers from the hands of the New Orleans Medical Publishing Association. This Association, permanently organized on the 5th day of June, comprises a membership of ten associate Editors, including a portion of the old staff. We deem it best not to cumber the Journal cover with such an array of titled names.

Thus avoiding any personal appeal for the patronage of the profession, we prefer that the JOURNAL be accepted upon its intrinsic merits. The numerical strength of the staff, we believe, will prove advantageous, making lighter each one's editorial burden, and allowing a division of labor, by which each one can engage in the work, to which his special studies have inclined him.

New Orleans, the Southern metropolis, situated upon the border of the tropics, but still within the temperate zone, with a population the most cosmopolitan in our section, and with the Charity Hospital, counting by the thousands its yearly number of inmates, offers to the medical observer as wide a range of disease as any city in the Union—a range extending from diphtheria to leprosy, from amall pox to yellow fever. Here, then, is the natural home of a Southern medical magazine.

Such a magazine as we conceive it, should contain original contributions from the best medical writers of the country; it should abound with clinical reports of interesting and instructive cases; it should present its readers with terse, critical abstracts, extracts and selected articles from all noteworthy papers appearing in medical literature; it should present impartial book reviews, as they come fresh from the hands of the publishers; should condense for publication reports of the most interesting proceedings of Medical Societies: it should have a corps of translators. familiar with European languages, engaged in searching foreign periodicals for items of medical interest; and it should have a staff of editors working diligently in gathering material of interest to medical readers, gleaning especially all practical suggestions of value to practitioners, with wits as pointed as their pens and courage as deep as their convictions in the expression of opinion upon the medical topics of the day. This is our ideal, to which we propose to direct our honest efforts.

Well we know the hopelessness of our task, without the aid of physicians of the South. We hope to make friends

of our present readers by trying to deserve their favor, and through them extend our acquaintance.

The JOURNAL will be issued monthly, as before, and on the first or second day of the month. The present number has been prepared in the haste of making the transfer of ownership and editorial management. So, if this be accepted as a sample copy, we promise never to fall below the standard.

Give us, then, Southern physicians, the aid of your pens and your subscriptions. That aid given, if in spite of time and toil, we fail in our aim, we shall withdraw, and placing our task in abler hands, declare:

> "The fault is not in our stars But in ourselves."

CONFERENCE OF STATE BOARDS OF HEALTH.

In response to a call on the part of the Board of Health of the State of Louisiana, there assembled in this city on June 2d, 1884, representatives of the authoritative health organizations of all the Gulf States and the State of Tennessee. The main object of the convocation, as set forth in the circular letter of the President of the State Board of Health of Louisiana, was for the purpose of endeavoring to secure concert of action on the part of these States upon the important subjects of *quarantine* and *interstate* intercourse during the existence of infectious or contagious diseases, particularly cholera and yellow fever.

The meeting was organized by the election of Dr. Wirt Johnson of Mississippi, as chairman, and Dr. C. C. Fite of Tennessee, as Secretary.

The great importance of this meeting and the lasting good that will necessarily follow from established confidence and mutual understanding among those with whom, under conditions of excitability, it is so easy to bring into action the elements of discord and distrust, must be patent to all. We are pleased to chronicle the fact that perfect harmony and entente cordiale characterized all the proceed-

ings, and that as a result there is a restored feeling of amity and a willingness to heal all past differences; and by relying upon each other for fair dealing and honesty of purpose all seek to attain the one object—the preservation of the public health.

One notable and commendable feature of the conference was the studious avoidance of all topics of discussion upon matters extraneous to the stated object of the meeting, i.e., interstate relations. When efforts were made to throw the apple of discord into the deliberations by introducing questions pertaining to the National Government, they were by unanimous consent promptly and effectually excluded. This was as it should be. The discussions of the relations of the National Government with State affairs, was properly relegated to other times and other places The object of this meeting was for consultation among the health authorities of the Gulf States as to the best means to be adopted and agreed upon among themselves for reaching certain specified ends, and it wisely confined itself to these topics, even to the refusal of admission to the accredited representtative of the U.S. Marine Hospital Service.

The address of Dr. Joseph Holt, president of the Louisiana Board of Health, upon "Quarantine Reform," was a clear, forcible, manly and outspoken expression of opinion upon present methods and the necessity for innovation upon measures whose only virtue is their antiquity; and it met with the unanimous and unqualified approval of every member of the Conference, as well as that of a large number of merchants, physicians and others who listened to his remarks.

The ideal system of quarantine, as set forth by Dr. Holt, appears in every detail to be thoroughly practical and efficient, and as far as the port of New Orleans is concerned, there is every prospect of its being realized. Perhaps one of the most valuable features of the entire meeting was, that after the reading of Dr. Holt's address, one of this city's leading merchants arose and stated that, if it were decided upon to put into execution such a system,

the merchants and ship owners of New Orleans would provide the means for so doing.

That the Conference fully recognized the right of the States to use every means in their power for protecting themselves, was evidenced by the adoption of the following report by the committee appointed on interstate quarantine:

Resolved, That there should be entire harmony and cooperation between the health authorities of the several States.

Resolved, Every State should appoint inspectors on all passenger trains from infected places, and on all steamboats and other river crafts on which it may be deemed advisable to have inspectors, to see that the quarantine rules are enforced in good faith.

Resolved, Every State shall have the right to place inspectors of its own at points within the jurisdiction of any other State, and upon railroad trains and river boats within the limits of such jurisdiction. Inspectors coming under this head should be allowed all reasonable facilities for obtaining information and for the transmission of the same, and should comply with the quarantine regulations of the State or locality in which they are acting.

As to local or municipal quarantine: yellow fever or cholera having been introduced into any community, particularly into any city or town, earnest efforts should be made to confine the disease within the smallest limits; that is to say, to prevent its dissemination through the community. To this end, the infected house or locality should be vigorously isolated, and disinfection should be employed according to the most improved methods.

The right to place inspectors from one State within the jurisdiction of another, and the agreement to grant such inspectors all facilities for the proper discharge of their duties, immediately places each State upon a basis of thorough confidence with its neighbor.

Measures for confining the disease to localities in which it may first appear are also provided for in general terms, the details being necessarily left to the local health authorities.

The adoption of this report was one of the wisest acts

of the conference and will go far towards preventing in future, unnecessary alarm and panic, with their inevitable consequence of interference with travel and trafic.

The report of the committee on maritime quarantine was very elaborate and covered all questions in relation to the subject under consideration. We regret that space forbids our giving its full text Suffice it to say that it recommended the adoption of such measures as would comprehend a sensible, rational quarantine, with the least interference to commerce consistent with public safety.

"Non-intercourse" was not justified, it being very properly characterized as unscientific and unneccessary and damaging to commercial interests and violative of every instinct of humanity."

The period of quarantine agreed upon under present existing condition, was not "less than ten days," it being conceded that under the improved system recommended by Dr. Holt, and indorsed by the committee, such detention would not only be unneccessary, but detrimental.

A committee was appointed for the purpose of "petitioning Congress to require consular agents of the United States, residing at inter-tropical ports habitually or periodically infected with yellow fever, to cause all ships in such ports that are about to load for ports in the United States, to be thoroughly inspected and cleansed before receiving cargo, and a certificate furnished to that effect."

It will thus be seen that, although called together suddenly, with hardly any positive, well defined idea of the turn that discussion might take (for this meeting was an experiment, as it were), still much good was accomplished by the Conference, and the result was entirely and completely satisfactory.

A new feeling of reciprocal interest and reliance has has been brought to life by this convocation, which can but prove of great magnitude in harmonizing conflicting elements.

We have met and have become better acquainted with each other, and now instead of each being suspicious of his neighbor, we are prepared to stand by each other with the common weal our common aim.

A pamphlet containing the programme and rules of the eighth session of the International Medical Congress to be held in Copenhagen, beginning August 10th, 1884, has been received, and from its contents we see that this reunion will not be a small affair. Panum, of Copenhagen, will preside over the Congress, and other eminent Danes will lead, as is customary, in the various sections. Pasteur, Koch, Virchow, Sir Wm. Gull, Ranvier, Cornil, Bizzozero, Tommasi-Crudeli, Norris, Hayem, Marey Verneuil, Lister, Austin Flint, and a host of other luminaries will shed their effulgence upon the assembly.

CORRESPONDENCE.

BATON ROUGE, LA., June 15, 1884.

Friends and Editors:—I desire, if possible, to reach the ears and move the intellects of the physicians of this State. I have been perhaps, unfortunately or unwisely elevated to the Presidency of the Louisiana State Medical Society, but as far as in me lies I shall honestly and faithfully labor to increase our numbers and the usefulness of our work, and to hand over to my successor next year a solid, well organized and prosperous State Medical Society.

I send to you for publication in your JOURNAL a short appeal to the medical profession of the State, which I hope to be able, with your consent and approval, to follow up each month during the year.

If this (No. 1) meets your approval, give it an insertion, with any comment you please, and let me know if I can continue. Wishing you many new paying subscribers and a prosperous future, I am very truly yours.

RICHARD H. DAY.

[The editors not only approve of this plan of Dr. Day, but do most heartily commend his appeal to all the Louisiana readers of the JOURNAL, hoping that they will each and all lend their valuable influence in the work of organization, so necessary to the well-being of the medical profession of this State, and so vigorously initiated by the honored President of the Society, in this issue.—Eds.]

(For the New Orleans Medical and Surgical Journal.)

AN APPEAL TO THE PHYSICIANS OF LOUISIANA.

Respected Confreres:—When contrasted with the especially with the glowing enthusiasm of the late Texas State medical meeting in Belton, the langour and indifference of the physicians of Louisiana in all that pertains to the unity and advancement of the medical profession must be profoundly humiliating to all true lovers of the science and the art of medicine.

Is it the result of our climate or our soil, that we should be laggards in the race for medical eminence, and indifferent to all the higher impulses and motives that are moving the medical world around us?

Brothers of the medical profession wake up—start into a new and more vigorous life. Let your medical and literary attainments and capacity for usefulness be no longer hid in slothfulness, but let us begin at once and organize the regular medical practitioners of the whole State into town, parish and district medical societies, and bring up to our next State meeting an organization and a work and a live membership that shall thrill our very hearts with joy, and place our State Society upon a solid and sure foundation.

I appeal to you in the name of our beloved profession. Will you not act promptly?

Fraternally,

RICHARD H. DAY, M. D.

ABSTRACTS, EXTRACTS AND ANNOTATIONS.

MEDICINE.

NEUROSES OF THE VISCERA.

Dr. Clifford Allbutt has, in the Gulstonian Lectures, published in the *London Lancet* of March 15th and 22d, and April 5th, 1884, given us some very interesting and instructive views concerning that much undervalued subject— "Neuroses of the Viscera." The lectures dismiss neuroses of the thoracic viscera, as being much more easily made out and, therefore, better appreciated by the profes-

sion at large.

He unreservedly condemns the loose use of the terms "indigestion" and "dyspepsia" as highly unscientific and practically misleading, and thinks they should be relegated to the category of symptoms like "cough." Recognizing the fact that local disorders may be the cause as well as the effect of "nervous reverberations," he remarks that in some cases "we have to deal with a pure neurosis of central origin, in others with nervous phenomena, awakened by persisting or foregone local maladies." Or, there may be a combination of the two. Thus jaundice, diarrhoa, constipation, may owe their origin to causes acting primarily and only through the nervous system, they may be the effect of locally acting causes, or there may be an admixture of both kinds of causes. Thus, it is a well recognized clinical observation, that a bronchitis or a pneumonia "may first reveal an asthma till that moment wholly latent." "But the sleeping ill, once awakened, rarely recedes altogether, but by its recurrence tends to rivet upon the sufferer the chains of habit." Again, "disordered work and distempered secretions may well be due, and doubtless often are, to neuroses of the stomach." So the general condition and the local disease act and re-act upon each other. So difficult is the task of analyzing the symptomatic manifestations and of ascribing them in different cases to their proper causation, that practically it is sometimes quite impossible, for instance, to differentiate accurately between ulcer of the stomach and a pure neurotic gastralgia, affections, too, requiring such different therapeutic measures. Indeed, the diagnosis in some cases

must rest upon the effect of treatment.

The sooner we bring ourselves to regard diseases of the viscera as possible without primarily acting local causes, but depending upon a peculiar condition of the nervous system, the sooner shall we arrive at a rational therapy. As Dr. Allbutt remarks, "the uterus has its maladies of local causation, its maladies of nervous causation and its maladies of mixed causation, as other organs have; and to assume, as is constantly assumed, that all uterine neuroses, or even all general neuroses in women, are due to coarse changes in the womb itself, is as dull as to suppose that the stomach can never be the seat of pain except it be the seat of some local affection, or that the face can never be the seat of tic-douloureux unless there be decayed teeth in the jaw." He then pleads earnestly against the practice of physicians in contemptuously throwing aside many cases of genuine uterine malady and of genuine suffering as hysteria.

He thinks a too prevalent mistake of the profession is the confounding of the hysteric with the neurotic. He draws a graphic picture of a neurotic and thus differentiates from the hysteric woman "The neurotic woman is sensitive, zealous, managing, self-forgetful, wearing herself for others; the hysteric, whether languid or impulsive, is purposeless, introspective and selfish. In one is the defect of endurance, but in the other detect of the higher gifts and dominion of mind." While, then, admitting fully the existence of numerous ills of local causation or of local conditions caused or influenced by a general state other than the neurotic, and recognizing duly that the manifestations of hysteria are manifold and protean in character, he would, on the other hand, especially insist upon attaching due value to the clinical demonstration of a general neurotic condition, entirely distinct from the hysterical. He contends for the existence of irritable uterus, placing it side by side with hyperæthesia of the stomach, both being manifestations of the same neurotic diathesis. "In neurotic subjects, uterine laxities, moderate displacements and catarrhs owe their continuance, and often their very initiation, to an atonic state of body (not necessarily anæmic) and to a special instability of nerve endowment, which may show itself in local trophic changes and in perverted secretions," He thinks the "fundamental difficulty in all neurotics, not hysterics, is their nutrition." Failure to bear

this in mind is "to roll up daily the shameless stone of

Sisyphus."

The lecturer devotes considerable attention to the subject of gastralgia, as a pure neurosis, independent of local causation, but frequently called into existence by some peripheral irritation. Thus, there is a gastralgia following the ingestion of food, just as there is a pseudo-angina from suckling the breast or an asthma from bronchitis. But other gastralgias are pure, arising without peripheral irritation. These gastralgias are frequently associated with other neuroses, sometimes coincidently, but more often consecutively. Thus, an individual may have at one time a gastralgia, at another a migraine, or a cervico-brachial, or an inter-costal neuralgia. In some cases, violent palpitations or very slow or intermittent pulse, attend the gastralgia. Sometimes great apprehension, sinking-feeling, flatulence, retching and vomiting, pyrosis, insomnia, etc., mark the attacks. Sometimes pain is the only symptom.

Gastralgia occurs twice as often in women as in men, while enteralgia shows no preference. The difference may be due to the fact, he thinks, that enteralgia is more closely allied with gout than is gastralgia and men seem more disposed than women to gout. He thinks the pain and spasm in these neuroses probably involve the pneumogastric and associated spinal nerves, while the sinkings, cravings, etc., seem dependent upon sympathetic alliances.

He speaks of the two varieties of enteralgia; in one the pain starts close to the umbilicus, in the other it begins below the liver in the right flank and must be distinguished from the mixed neurosis due to the impaction or passage of a gall-stone. In enteralgia, as in nearly all pure neuroses, the attack begins with cold hands and feet. He notes one curious fact that diarrhoa, so frequently associated with gastralgia, is rarely found with enteralgia. Some cases pass off by transference, one case becoming converted into supra-orbital neuralgia with muscæ volitantes. In speaking of neuralgia, he refers to the pure neurosis, not to common gripes, depending upon local irritation. As regards hepatalgia, nephralgia, etc., he thinks their existence uncertain, but does not positively deny it. He speaks of a neuralgia of the rectum as a not very uncommon and a pure neurosis. Pyrosis he regards as a neurosis and regurgitation and belching and flatulence, he thinks frequently are so

There are certain genetic affinities among the gastral-

gics. One fact strikes the observer, "the frequent association of neurosis of the vagus with certain kinds of eczema, lichen and psoriasis. Gastralgia and asthma are often associated and the frequency of eczema in asthmatics is generally recognized." There would then, seem to be some sympathy between the vagus and the cutaneous nerves. Again, certain cutaneous affections may be observed in some members of a family, asthma, gastralgia and other vagus neuroses in other individuals of the same family. Certain of his cases seem to show that even phthisis belongs to the series of genetic affinities. Phthisis and rheumatism are frequently found in the same family tree. He would, then, arrange the natural group thus: neurosis, phthisis, acute rheumatism." He thinks there is little doubt of the kinship of gout and rheumatism. Yet he would not put gout in this group of genetic affinities. "A pure neurosis goes hand in hand with phthisis and acute rheumatism," while gout goes to its work by a different route. Gout may bring about in a nervous system, originally healthy, a change, which predisposes it to these neuralgias, while in the other cases the neuralgias depend upon a congenital defect, are essential. Yet, going even farther back, he concedes, "there is some community of nature between the gouty and the neurotic habits; and to this we may ascend when we track out those phenomena, which suggest that gout is itself originally a neurosis."

Starting out from the principle that these visceral neuroses depend upon a fundamental error or defect of nutrition, the treatment must include, as of the very highest importance, proper but liberal diet, fresh air, rest from the cares of business, and a cultivation of cheerfulness and of a belief that the malady is incurable. Tea, coffee, tobacco and the stronger meats must be avoided. Alcohol is not to be encouraged and morphia will only occasionally be called for imperatively. Arsenic, especially in gastralgia, he places first among drugs. Quinia with belladonna, quinia with the bromides will be found highly useful. Nitrate silver does good in some cases and is not to be forgotten. Iron will become necessary where anemia is present.

"In a word, arsenic and quinine are the only specifics, and the rest of the treatment may be summed up in rest, sedation, nutrition and tonics."

HÆMOPHILIA.

A leading article in the London Lancet for April 5, 1884, expresses the view that the most probable theory of the

underlying cause of hæmophilia is "that a defect in the structure of the smaller arteries exists, consisting in the absence or degeneration of the muscular coat." Having called attention to the fact, that careful examination of the blood in the intervals of hamorrhage "has failed to reveal any defect in its coagulability or other alteration in its physical, chemical or microscopical character, it refers to the important observations made five years ago by Dr. Percy Kidd and reported by him to the Royal Medico-Chirurgical Society. "In this case careful microscopical examination of the vessels of a child who died from bleeding," and was during life afflicted with hæmophilia, "showed that a change had occurred in the delicate flat plates, or endothelial cells, which form the natural lining of the vessels." These vessels were softened and changed in form and "had undergone multiplication, so that they no longer formed an even layer." A more important change was that of the muscular coat, which, though thickened, was very much softened and in such a state of degeneration that no muscular fibres could be distinguished. It is not astonishing, then, in such a case, the lining endothelium being incomplete and softened and the muscular coat failing, through incompetence, in the performance of its function, that hæmorrhage, following even slight cuts, should be difficult to check. Such a theory, we think, makes the assumption of the untenable hypothesis of impaired coagulability, or that of physical or chemical change in the blood, entirely unnecessary.

WHY WE DO NOT BLEED AS OF YORE.

Dr. Griswold, in New England Medical Monthly, for April, gives the following reasons:

1. A belief in the change in type of disease from three generations ago The writer believes the fact is such, but at any rate the result of the belief is the same.

2. The older practitioners used the lancet too often, without regard to cases, having only the disease in view.

He thinks the doctrine of the purely symptomatic nature of fever, so prominently put forward by Broussais, and so generally accepted by the profession of that day, had much to do with the almost universal application of venesection in disease. As it is true of the pendulum, that the farther it swings in one direction, the farther on its return will it swing in the opposite direction; so with regard to bleed-

ing, the very great abuse of a really good thing gave the reaction of public opinion so much force as to carry it to the other extreme.

3. The teachings of Botanics, Thompsonians, Eclectics, etc., the advertisement of quacks in the public press, denouncing the practice of the regular profession, the influence of itinerant lecturers, have brought about an extreme prejudice on the part of non-professional people against bleeding.

CONVALLARIA MAJALIS IN THE TREATMENT OF MITRAL OBSTRUCTION.

Dr. Fred. T. Roberts relates, in the *Practitioner*, a case of cardiac disease successfully treated with convallaria majalis. A presystolic thrill was felt and a murmur heard at apex: the second sound was accentuated at the base, but was not heard at apex. The heart's action was irregular and weak; it was 78 per minute; its impulse was diffused and extended to one inch outside of the nipple. There was ædema of both extremities as high as the calves; considerable ascites and ædema of the lungs; there were only ten ounces urine in twenty-four hours. It deposited urates on standing; vomiting occurred every morning. The tongue was large and indented and furred. The liver could not be outlined. He was put upon the infusion of digitalis in one drachm doses, but very little improvement followed. On the 25th January, just one month after his entrance into the hospital, treatment was instituted with ten minim doses every four hours of liquid extract of convallaria majalis. Immediate improvement began and continued till February 13th, when patient appeared to be well. Compound jalap powder was used in the morning from January 20th to February 15th. It produced two or three watery passages daily and may have had something to do with the results. This is the most favorable of those cases treated by Dr. Roberts with this drug.

CHLORAL POISONING TREATED WITH BELLADONNA.

Mr. Booth reports in the *Lancet*, March 15, 1884, a case of chloral poisoning, treated successfully by the administration of belladonna.

The patient was a tradesman, 40 years of age, who, for

ten years had been given three or four times a year to bouts of drunkenness," lasting from a few days to a few weeks. After one of these sprees, he took at one dose 105 grains of chloral. Nothing more than a deep sleep, lasting twenty hours, followed. Two months afterwards, after a week's drinking he had the usual delirium potatorum.

The physician ordered a mixture containing 5ij chloral, and 5j bromide potassium, one-quarter as directed. After the doctor left, the patient got out of bed and drank the whole mixture at once. He was found quite insensible and could not be roused. He showed the symptoms of profound chloral intoxication. Strychnia not being at hand, one teaspoonful of tr. belladonna was given at once. In a short while all the symptoms improved. Twenty drops were given three hours later. Two days rest in bed and a stomachic set him on his feet again.

INEBRIATE AUTOMATISM.

Under this name Dr. T. D. Crothers, of Connecticut, describes, in the Journal of Nervous and Mental Discases, a not unusual phenomenon in inebriety, noted by a loss of consciousness and memory of surroundings and passing events, and the apparent full realization of a normal state, lasting from a few moments to several days. This condition depends on the derangement of some of the higher cerebral centres and is associated with impaired or lessened responsibility; hence its importance in medicolegal circles. This phenomenon is quite distinct from similar ones observed after epilepsy or hysteria, and constitutes a special form of brain disease. Dr. Beard believes it to be due "to a brain exhaustion, followed by a lowering of the consciousness below the plane of rememberability, or a suspension of nervous activity in certain directions, closely allied to paralysis of particular brain functions." These cases may be classed in several groups. In the first, the subjects immediately after a more or less prolonged period of intoxication follow an accustomed line of action in the usual manner, but without retaining the faintest recollection of their performance. For instance, a musician whilst in that state would play through an habitual church service without the slightest hesitancy, though he was unconscious of his surroundings: a farmer would in the same manner go through his regular ploughing and

stone picking without afterwards remembering it in the least.

The second group is composed of those who in that state follow an unusual line of conduct altogether outside of ordinary events. Thus, a retiring and unambitious farmer would, after a spell of intoxication, become a bold speculator and horse-racer for three or four days, and afterwards fall back into his normal mood.

The third group comprises those noted for criminal acts attempted against both person and property. These cases fill our criminal courts, and can very easily be studied in those places.

The subjects of the fourth class are those in which such automatic acts precede the period of intoxication and are suspended when a certain stage of inebriation is attained.

RÉLATION OF THE NERVOUS SYSTEM TO THE BODY TEMPERATURE.

Dr. Isaac Ott writes an excellent article on the above text in the Fournal of Nervous and Mental Disease, in which, after saying that there are three methods of estimating the body temperature and its relation to the nervous centres, viz.: by thermometric, chemical and calorimetric observations, the doctor proceeds to give the results of fourteen experiments performed by himself, with the use of the calorimeter. The experiments were performed on cats and rabbits, the instruments used being d'Arsonval's calorimeter and Voit's respiration apparatus. The animal being introduced into the calorimeter, his temperature was ascertained, then sections were made through the loose ganglia of the brain, from before backward with very little injury to the cortical convolutions. The results are as follows: Sections through any part of the corpora striata gave rise in every case but one, in which the animal died from shock, to a continuous rise of temperature, persisting yet, in some cases, on the second day after the operation. To prove that this was not due to the inevitable injury to the cortex cerebri, Dr. Ott destroyed the cortical substance in two animals, in both of which the temperature immediately fell. The doctor leaves it to the reader to decide whether this elevation of temperature is due to paralysis of the heat inhibitory centres or to a stimulation of the heat producing centres.

SCHMIDT ON STRUCTURAL CHANGES IN THE NERVES OF AN AMPUTATED STUMP.

Published in the Fournal of Nervous and Mental Disease, is quite an interesting and exhaustive article on the changes in the tibial nerves in the stump of an amputated leg, written by Dr. II. D. Schmidt, pathologist of the Charity Hospital of New Orleans. This article is accompanied by beautiful lithographic plates, the drawings having been made on stone by the author himself, who is an excellent draftsman, a rare and useful accomplishment in a microscopist. These changes may be summed up as follows: Bulb-like swellings terminating the amputated nerve, the swellings being of about twice the diameter of the normal nerve. These bulbs have been considered by many as neuromata, the doctor thinks that they are due to a slow neuritis, from the fact that the bulbs are composed of normal nerve fibullæ only, surrounded by a hyperplasia of the connective tissues, and contain no embryonic tissue. The changes producing these swellings are: 1st. An enormous increase of the endoneurium, the connective tissue of the primitive febrils. 2d. The growth of this endoneurium between the layers of the perineurium or lamellar sheaths of the nervous bundles, which cause their almost total disappearance. 3d. Hyperplasia of the epineurium or connective tissue separating the nerve bundles. These changes are found in a more or less advanced stage at different parts of the nervous bulb.

[This paper was originally read before the New Orleans

Pathological Society.—EDS.]

Prof. Frerichs has just been elevated to the rank of a noble. The Berliner Klin. Wochenschrift expresses the opinion that all honorary testimonials, conferred upon medical leaders, are reflected upon the entire medical world. Prof. Frerichs makes the fifth professor upon whom this rank has been conferred in Prussia," the others being B. Von Langenbeck, Ranke, Dr. Lauer, physician to the Emperor, and the great physicist, Helmholtz.

In Gastralgia Prof Bartholow recommends atropine in the dose of one two-hundredth grain hypodermically, by enema or in the form of suppositories.—Medical Herald, New England Medical Monthly.

THE MILK-TREATMENT OF DISEASE.

In a rather extended experience with this treatment Dr. Tyson [fournal American Medical Association] has met with encouraging results in the following conditions:

Medicine

- 1. In diabetes mellitus he has found no measures so efficacious as the dietetic and, of the dietetic, none so prompt as the exclusive skimmed milk regimen. The milk gives the crippled organs, especially the liver, more complete rest than any other food, thus allowing "the reparative tendency of nature to assert itself."
- 2. In certain forms of calculous disease. He has yet to see a case of uric acid gravel in which, sooner or later, the persistent use of milk did not cause entire disappearance of the deposit. He found signal benefit from it in a case of nephritic colic. It may also obviate the oxalate of lime tendency, but will not dissolve the deposit. In phosphatic calculus it is rather contra-indicated because it has a tendency to alkalinize the urine.
- 3. In Bright's Disease it has accomplished good. It is especially indicated in the contracted kidney of interstitial nephritis, causing frequently a rapid disappearance of nausea, vertigo, headache and other symptoms. In parenchymatous nephritis and in amyloid kidney it has proved less useful, but often does good by "producing diuresis and relieving dropsies."
- 4. In gastro-intestinal disease, ordinary dyspepsia is sometimes signally relieved. In gastric ulcer, the use of no other food than peptonized milk should be permitted. We may expect "the most satisfactory results" from its use in bowel affections, especially of large intestine.
- 5. In obesity it has given most satisfactory results, reducing the weight consistently with health. It seems to do this by making the system call upon its stored-up subcutaneous fat for oxidizable material, the milk furnishing very little of this itself.

To sum up: milk is highly useful in disease, especially those mentioned, because it is non-irritating, leaves little waste and makes the smallest demand upon the digestive function. Skimmed milk is preferable in diabetes and some other affections, because it is more assimilable than milk with cream. Some objections to its use have been urged, as that it sometimes causes indigestion, flatulence and constipation. The addition of lime water will do away

with the first two objections, a mild laxative will obviate the latter.

The milk is to be given as follows: Four ounces every two hours from 7 Å. M., to 9 P. M., at first. This, of course, will be insufficient. It is to be increased afterwards to six, eight or more ounces every two hours, until the quantity is from five to ten pints in two to four hours, according to the needs of the patient. The quantity may be increased by giving some at night. After a varying time other food may be tentatively given until it is found that it does not cause symptoms to reappear.

M. PASTEUR ON THE PROPHYLAXIS OF RABIES BY VACCINATION.

At a meeting of the Académie des Sciences on Tuesday last, M. Pasteur read an important communication on Rabies. It contained a detailed account of his experiments, made with the help of his pupils, MM. Roux and Chamberlan, in order to arrive at a method of attenuating the virus of rabies. This long looked-for result M. Pasteur believes to be realized. If the virus of rabies be taken from a mad dog, and passed through the tissues of a monkey, and afterwards from monkey to monkey, its virulence is much modified. Dogs, rabbits and guinea-pigs, inoculated with this modified or attenuated virus do not contract rabies. Neither does inoculation by trephining provoke the disease. The virulence of the virus of rabies is increased when passed from rabbit to rabbit, or from guinea-pig to guineapig. This virus, injected into the veins of dogs, provokes a more violent form of rabies than ordinary virus of rabies (rage des rues). In order to communicate this excessive virulence to the virus, it must be passed several times through the tissues of a rabbit or a guinea-pig. This is necessary in both cases, either of attenuation, from successive transmissions from monkey to monkey, or in that of the naturally weaker virus of rabies. M. Pasteur concluded by saying that he has succeeded in considerably simplifying vaccination for rabies, and at the same time rendering the animals exempt from illness. In a short time hence, he will communicate to the Académie des Sciences a completed and detailed account of his experiments. M. Pasteur has written to M. Faillères, Minister of Instruction, requesting him to appoint a commission to judge of the value of his experiments. The dogs rendered exempt from rabies by his method of vaccination will be placed at the disposal of its members. M. Faillères has appointed the following as members of the commission: M. Béclard, Dean of the Faculty of Medicine: M. Paul Bert, Membre de l'Institut, and Professor of General Physiology at the Science Faculty: M. Bouley Membre de l'Institut, and Professor of Comparative Pathology at the Natural History Museum: Dr. Villemin, Clinical Professor at the Military and Medical Pharmaceutical School; Dr. Vulpian, Membre de l'Institut, and Professor of Comparative and Experimental Pathology at the Paris Medical Faculty; M. Tisserand, Conseiller d'Etat, State Director of the Agricultural Department.—British Medical Fournal, May 24, 1884. Med. News.

THE COLLECTIVE INVESTIGATION OF DISEASE.—As stated in the minutes of the American Medical Association, the invitation of the committee of the British Medical Association to coöperate, was accepted and the president requested to appoint a committee. He has since the meeting authorized the appointment of the following general committee:

N. S. Davis, Chicago; H. O. Marcy, Boston; James Tyson, Philadelphia; H. B. Baker, Lansing, Mich.: F. D. Cunningham, Richmond, Va.; S. E. Chaillé, New Orleans; Thos. F. Wood, Wilmington, N. C. This committee was authorized to correspond and coöperate with the British committee, to appoint directly, or through State societies, subordinate committees in the several States, and to adopt such measures as would best secure the efficient execution of a plan for the collective investigation of disease in this country as early as possible, parallel with that in Great Britain.

The State Medical Societies of Pennsylvania and Illinois have already appointed committees.

"It is desirable," says the Journal of the American Medical Association, "that all such committees appointed by State or local societies put themselves in correspondence immediately with the above general committee, for the purpose of securing concert of action, economy of labor and expenditure, and the greatest degree of efficiency in the practical execution of the work."

SURGERY.

ETHERIZATION BY THE RECTUM.

This novel experiment is now attracting medical attention. Physicians so proverbially disagree, it is a wonder that some one has not before this gone to the other extreme in the administration of anæsthetics.

Dr. Axel Yversen, a Danish physician, while visiting the wards of the Hôtel Dieu, at Lyons, suggested to M. Mollière the plan of etherization by rectal absorption. Acting upon this suggestion, Mollière performed the experiment in six cases, with results satisfactory to himself, and published his observations in the March 30th number of the Lyon Medical. The apparatus for injecting the ether into the bowel consisted of a rectal rubber tube, connected with a flask of ether, which was immersed in water heated to a temperature of 50° C. The vapor of the boiling ether was injected into the bowel.

Mollière claims that etherization by the rectum modifies the period of excitement, regulates more accurately the quantity administered, and reduces the amount to the minimum; allows the surgeon to operate on the face without hindrance, and obviates the objection of most patients to

the disagreeable odor of the ether.

The novelty of Mollière's experiment attracts attention, and his claims for its advantages are being impartially tested. The May 3d number of the Medical Record contains hurried accounts of twenty-five cases of etherization by the Danish method. Dr. R. F. Weir reports two cases, one of which died of hemorrhage from the bowel. Six cases are recorded by Dr. Jas. B. Hunter, and seventeen by Dr. W. T. Bull, surgeon to the New York Hospital, who was the first to practice this method in the city of New York. The following are extracts from his article recording his cases:

"The first 'new sensation' has been the distension of the bowel with the gas, but this has not generally been painful, nor given rise to straining. This gas has frequently escaped pretty freely beside the tube. At the expiration of three or four minutes the odor of ether has been detected in the breath. The face has then become flushed, the breathing a little slower and deeper, the patients have yawned a few times, and then, when no stage of excitement has ensued, have gradually lost consciousness, breathed stertorously, and all sensation and reflex action have been suspended.

"I have hastened to make these observations, while they are still too few and too superficial to permit any close study of this method of etherization, because of the one symptom which cannot escape observation, the diarrhœa. Seven out of seventeen patients have had loose passages, containing blood in two instances. In these seven patients the duration of the etherization has varied from ten to forty minutes, and the quantity of ether administered from three to five ounces. There has been little or no pain or tenesmus, and no constitutional disturbance accompanying this diarrhœa, which has ceased without the aid of medicine. But its occurrence in so large a proportion of these patients leads me to the conclusion that ether may be very dangerous when employed in this way, and should not be administered recklessly. In even smaller quantities than any of my patients have absorbed, it might in young or enfeebled persons, produce death from diarrhœa and collapse.

"I find that it does not suppress the period of excitement, and that, as a rule, a much longer time is required to produce complete anæsthesia than with any of the inhalers on the 'towel cone.' In several cases it has been impossible to etherize without the aid of the cone. The manipulations are likely to be disagreeable to patients, as well as to doctors, and the apparatus cumbersome. It certainly requires less ether, and patients are free from the disagreeable odor and the still more disagreeable sense of strangulation. It unquestionably leaves the face free for operations; but

it is a dangerous irritant to the intestine.

"In view of these facts, I cannot regard the rectal method in any way as a substitute for inhalation, but I shall still consider it a valuable addition to it. To avoid the odor and strangulation one can begin with the rectal administration of a small quantity (3ss-3j), and then continue with the inhaler; and in operations on the face, this order can be reversed."

The Boston Medical and Surgical Journal, May 8th, contains an account of three cases, reported by Dr. Abner Post. The first suffered of diarrhea; the second, of distension of the intestines, to the extent of embarrassing respiration. However, Dr. P. took a hopeful view of the new method. He claimed that it modified the period of excitement, the vomiting and the unpleasant after effects, and entirely obviated the feeling of suffocation. The following is a foot note subsequently appended to his article:

"Further experience leads me to modify somewhat the favorable opinion here expressed. Certain feeble individuals have taken an unusually long time to recover, insensibility has been occasionally so profound as to cause anxiety, and bloody discharges have been more frequent than is desirable."

Dr. D. R. Shute, Washington Asylum Hospital, D. C., in the *Medical Record*, June 7th, reports two cases. Diarrhæa occurred in one. In both there was distension of the abdomen to the extent of making the patients cry out with pain.

Let us now review the thirty cases so far reported. In eleven, vomiting is mentioned: in eight, more or less excitement; diarrhœa in nine; in three cases, movement of the bowels during the etherization; in three, more or less hemorrhage from the bowels; in one, death from hemorrhage. This analysis rather disparages the rectal method.

The only advantages of this method, so far shown, are that it obviates the sense of suffocation, of which patients often complain, and which increases the degree of excitement; spares the patient the objectionable odor of the ether; in operations on the face, puts the inhaler out of the surgeon's way; and in case of vomiting, allows the etherization to be continued.

These benefits are of little consequence, in view of its disadvantages and its dangers.

The apparatus for etherization is imperfect. The hasty invention, used by the New York physicians, consists of a graduated bottle of Squibb's ether, joined to a rubber tubing two feet long, to which is attached the vaginal nozzle of a Davidson syringe. The bottle of ether is immersed in water at a temperature varying from 120 to 140 F.; the tube passed into the bowel. The ether boils and gives off its vapor. With a rubber tube of a given size, the amount of ether forced into the intestine depends on the temperature of the ether bath. Uniform etherization, then, requires a thermometer and a supply of hot water. So far the etherization, has been uncertain, some patients requiring the inhaler as well, while others are profoundly anæsthetized by the rectum. The power of absorption by the rectum varies in different persons.

The gaseous distension of the intestines, so great, in some cases, as to embarrass respiration, must surely be more disagreeable than the sense of suffocation occasioned by inhalation. A matter worthy of attention is the difficulty of withdrawing the anæsthetic, should alarming symptoms appear. Among minor objections, we may mention the inconvenience of administering to modest or obstreperous patients, the undesirable task of the assistant, and the illadvised arrangement by which his attention is directed from the pulse and respiration of the patient.

The dangers of the rectal method, so far demonstrated, are appalling, diarrhoa in nearly one-third the cases, hemorrhage from the bowel in ten per cent., and a fatality of of $3\frac{1}{4}$ per cent.

Finally, we are led to believe that the dangers of rectal etherization largely overbalance the benefits derived therefrom; and that for purposes of anæsthesia in surgical operations, the test of further experience will relegate it among procedures rarely practiced.

RECTAL EXCISION.

The Boston Medical and Surgical Journal, May 15th, contains a very instructive article on "Excision of a portion of intestine, including part of the ileo-cæcal valve, for the cure of fæcal fistulæ in the right groin, by C. B. Porter, M. D., Surgeon Massachusetts General Hospital. The

following extracts from this article are interesting:

"Up to the year 1877–1878 an occasional bold operator had ventured to perform certain operations on the intestinal tract, such as suture of wounded intestines, or even resection of portions of gangrenous intestines found in the hernial sac, but, as a rule, the surgeon was content when dealing with strangulated hernia to leave the gangrenous bowel to slough off, or, at most, to remove it, and, in either case, to hope to obtain an artificial anus that could be treated later by various plastic operations and occasionally cured. In diseases of the intestine, such as stricture, malignant or otherwise, the only recognized operation was the formation of an artificial anus at some point. This operation was generally performed in the left loin for the relief of strictures of the rectum or the sigmoid flexure. The treatment of wounds of the intestine was almost always expectant, and, unless the intestine was lying outside the abdomen with its cut edges exposed, no treatment except rest and opium was adopted. Cases of suture with or without excision are, however, to be found recorded previous to the period mentioned. In 1727 Ramdohr excised about two feet of gangrenous intestine found in an inguinal hernia. One end was invaginated in the other and secured by sutures, and the patient recovered. Up to the year 1873 there been recorded eighteen cases of resection of a portion of the intestinal tract, followed by circular suture. The operation is indicated (1) in gangrenous hernia; (2) for the cure of artificial anus; (3) for new growths or strictures of the intestine; (4) for certain cases where tumors or other abdominal organs are so closely united to the intestines that they cannot be separated: (5) for internal strangulation and invagination with gangrene: (6) for lacerations and wounds of intestines. The first two indications are most frequently met, and it is in these cases that the operations has been most often performed.

"In the tables of Madelung* and Bouilly† are collected fifty-four resections for gangrenous hernia, followed by

^{*} Ueber Circulare Darmnaht und Darmresection. Arch f. klin, Chir. 1882, xxvii., p. 277. † Revue de Chirurgie, May, 1883, p. 362.

circular suture, with twenty-eight deaths, giving a mortality

of a little over fifty per cent."

"Operations for the cure of artificial anus are next in frequency. Of these I find twenty-five cases with nine deaths, a mortality of thirty-six per cent. The first of these operations was performed by Dr. R. A. Kinloch, of South Carolina, in 1863, for artificial anus following gunshot wound of the intestine. The patient recovered after the formation of a fæcal fistula."

- "Madelung gives nine cases of resection for new growths, seven cases of prolapsed and wounded intestines from abdominal injuries, three cases of wounds during laparotomy, and three cases of internal strangulation. The greater part of these operations was performed by German surgeons, and it is to them that we are mostly indebted for our present knowledge of the subject. gland and America have furnished a very small number of cases. In Bouilly's table is mentioned the successful case of Dr. W. Fuller, of New York.* To this we can add two cases reported by Dr. Ill, of New York, t one of which recovered."
- "Up to date there have been recorded so far as I can discover one hundred and four cases of resection of intestine, with forty-nine deaths, a mortality of forty-seven per cent. Of these one hundred and four cases here have been recorded four cases where resection followed by suture of the intestine has been performed in the United States, with three recoveries. Beside the hundred and odd cases reported above, there are others on record where the exact lesion is not stated, or where wounds of the intestine made for different objects, or caused by accident, have been united by These are all interesting as bearing on this operation and its history, and show still farther the feasibility of intestinal suture. Perhaps the case to be read cannot strictly be classed with the tabulated cases as it was not a resection of the whole calibre of the bowel; so small a bridge, however, united the large and small intestine that the operation was practically the same."
- "The method of operating has been thoroughly described in all the journals, both at home and abroad, but a brief account of some of the important details in the opera-

^{*}New York Medical Record, 1882, vol. xxii., p. 430.
† New York Medical Record, 1883, vol. xxiv., p. 311.
† It may be mentioned here that there has been one case of resection of the pylorus in the United States, that of Dr. C. M. Richter, of San Francisco. | Western Lancet, 1882, vol. xi., p. 289.] The patient died the day following the operation.

tion is, perhaps, not out of place here. The two principal points to be observed are the prevention of the entrance of faces into the abdominal cavity, and a very careful adjustment of the serous surfaces. The intestine should be drawn out of the abdomen and surrounded by warm, carbolized towels, and, in cases where laparotomy has been performed, some operators bring the edges of the abdominal incision together with one or two temporary sutures, leaving outside only the knuckle of intestine that is to be operated upon. Various methods have been employed to prevent the oozing of faces from the cut intestine, some preferring digital compression above and below the wound, while others use different forms of clamps for the purpose."

"It is always to be remembered that serous surfaces must be opposed. This is very perfectly done by the Lembert-Czerny stitch, which is applied as follows: A row of very fine stitches is taken near the cut edge of the intestine through the serous and muscular coats only, a very fine half curved needle being used. These stitches should be near enough together to completely close the wound and allow no liquid contents of the bowel to pass through the interspaces. A second row of sutures is then placed outside the first, the needle passing, as before, only through the serous and muscular coat, including a wider portion of the intestinal wall, but not reaching the first row of stitches. In this way the peritoneal surfaces are rolled in and thoroughly opposed. A slight ridge is, of course, made on the inside of the bowel, but if the incisions have been made as recommended above, the lumen is not materially narrowed."

"Two forms of suture have been used, silk and catgut, and opinions differ as to which is better. Silk is not open to the objection that it may be too quickly absorbed, as is sometimes the case with fine catgut: while catgut is supposed to be less irritating, and to cause less ulceration than silk. Some operators use silk for one row, generally the inner, and catgut for the other. Whichever material is at hand can safely be used if thoroughly carbolized, and a good result can be expected for wounds of this sort when properly treated, as they heal more rapidly and with less irritation than almost any other."

"When we consider the results thus far obtained in a class of cases always severe, may we not hope and expect

to see the operation much more generally adopted in this country instead of being looked upon as an experimental operation performed only by reckless surgeons in foreign hospitals? The history of the operation shows it to have been most carefully worked out by a great series of experiments on animals and a cautious advance, step by step, until the operation now stands as one not only justifiable, but most advisable and proper in certain cases."

The history of Dr. Porter's case follows, with an account of the operation performed:

"The condition was this: two facal fistulæ in right groin, one about one and one-half inches from spine of pubes, and the other about three inches farther outside; each about one inch above Poupart's ligament. A bougie was passed into one of the fistulous openings (the one highest up in the groin) emerging from the other opening three inches lower down. This was then cut down upon, the tissues consisting of hard cicatricial masses, and the entire cavity laid open. This cut divided the lower margin of the abdominal ring, and laid open the hernial sac: the incision was then prolonged downwards to expose the whole sac, making a wound through the skin of abdominal wall four inches long. Two openings into the intestine were found about one inch apart. These were connected by a cut made on the director dividing the superficial epigastric artery, which was first tied with a double ligature. The opening in the intestine was then seen to be in the ileum and cæcum, just at their union. The finger passed readily into the large intestine, but the attempt to introduce it into the small intestine through the ilio-caecal valve was impossible, as the cicatricial contraction involved the valve itself, and the opening was not larger than a small lead pencil. The dilator was introduced and this opening stretched, then with the fore finger of the left hand introduced into the opening, a dissection was made to release the intestine from cicatricial attachments to the abdominal wall, necessitating a section of the muscles from the external abdominal ring outwards for about four inches. This done, the intestine was free from all but its mesenteric attachments. To close up the wound in the intestine the expediency of cutting out a complete section of the intestine was considered, but was not thought wise, as it would involve removing the vermiform appendix and portions of cæcum and ileum. The cicatricial margin of the opening

was trimmed off. The opening then involved about fourfifths of the calibre of the bowel. The edges of this wound were then approximated, but as one side was small and the other large intestine, the edges would not lie together smoothly. To obviate this difficulty, a longitudinal cut was made in the small intestine, thus giving a longer edge of cut surface, and forming a sort of oval-shaped wound, which could be approximated accurately to the cut edge of the large intestine. The wound was then sewed up with silk sutures as follows: The needle was entered about one-half inch from the wound, penetrating the peritoneal layer, then traversing the middle layer (muscular) of the gut, and emerging one-eighth inch from the margin of the wound, having left the mucous layer untouched. The needle was then entered at the opposite side of the wound, in a corresponding manner traversing the middle layer and emerging about one-half inch from the wound. Ten sutures were introduced in this way. When these were drawn tight, they rolled in the free margin of the wound, thus bringing two serous surfaces in contact, and turning the cut edge into the interior of the bowel. The intestine was then allowed to fall back in the abdominal cavity after additional silk sutures had been placed between the previous ones, making twenty in all.

The ring and abdominal opening were then brought together and sewed with fine silver wire, the sutures passing through the peritoneum and fascia of the deeper muscles, but not the skin. The ends were cut short and the points bent over. Five sutures were thus placed. The skin was then united by silk sutures, a large-sized drainage tube, three inches long, being inserted into the abdominal cavity.

A graduated compress of carbolic gauze was then placed over the wound, and a full Lister dressing surrounding the abdomen and thigh, the whole being confined by a spica bandage, firmly sewed together. The whole operation was done under carbolic spray and all antiseptic precautions, occupying in all two hours and three quarters. There was but very little hæmorrhage, the vessels of the sking being tied before the abdomen was opened. There was no escape of fæcal matter at any time. The tract of the small sinus first opened was thoroughly curetted before any other other cut was made."

The details of treatment follow, giving a favorable result.

SURGICAL DELUSIONS.

Chloroform Anæsthesia.-Many still cling to the delusion that chloroform is a safe anæsthetic; because they have never seen a patient die from it. Is one man's experience to weigh against the physiological, the experimental, the clinical experience of the whole world? Dare we employ chloroform instead of ether when recognized authorities state that in chloroform anæsthesia death occurs without warning in the hands of experienced administrators, when some five hundred deaths have already been reported, when Schiff and Dalton reject it in physiological laboratories because of its mortality; when the Scientific Grants Committee of the British Medical Association assert that chloroform is a more dangerous anæsthetic than ether? Adherence to chloroform in the face of such facts is criminal when circumstances permit ether to be obtained. The assertion that it is often impossible to produce anæsthesia with ether is the result of inefficient methods of administration. Ether, if given as chloroform is and should be given, is in truth a useless anæsthetic, but given properly it is efficient."

Operative Delay in Strangulated Hernia.—A similar delusion of fatal issue is that leading to postponement of operative interference in strangulated hernia. Repeated attempts at forcible taxis and medical pow-wow-ing with temporizing measures have ended more lives than the use of the knife. Herniotomy done within twelve hours is almost always followed by recovery. Death is to be expected, however, if strangulation has existed for two or three days; and the gut has been bruised by violent manipulation in the endeavor to relieve the constriction by taxis. Moderate taxis under ether, a half day's treatment with cold applications and the internal use of morphia, and a second moderate attempt at taxis, followed, if unsuccessful, by immediate operation, is the sequence to be followed in strangulated hernia. When symptoms of strangulated hernia exist, the slightest fullness and tenderness in one groin over either of the rings is a sufficient localizing indication to warrant operation.'

[&]quot;Operative Delay in Acute Phlegmonous Inflammation.

—No insane delusion, no Spanish Inquisition ever caused so many hours of exeruciating physical torture as the hallucination that acute abscesses and furuncles must not be

incised until pointing has occurred. All the world knows that evacuation of imprisoned pus in phlegmonous inflammation means instant relief of the agonizing pain; yet how few of the profession early and freely incise such inflamed tissues unless they first see the yellow pus under the thinned skin or feel the fluctuation of the fluid in the abscess cavity. The pain is caused by the effort of the pus sloughing tissue to escape. Is it not then more rational to make a free incision to-day than to wait till next week? Time and pain are both saved by early incision. If the cut is made before the pus has actually formed so much the better. Probably no form of abscess needs early and free incision more imperatively than that under the palmar fascia. Destructive burrowing of pus is prevented by this radical procedure; which also saves the patient many days of poultices and purgatory."

(Extracts from a paper by John B. Roberts, Cin. Lancet and Clinic.)

IMPOTENCE IN MALE.

Take strychniæ sulph., gr. j; acidi hypophos., dil., 3j. M. ft. sol. Dose, ten drops three times a day before meals in a teaspoonful of the fluid extract of coca. I give this mixture for the reason that I know of no better tonic for the sexual organs, after the abnormal state of erethism into which they get by abuse has been relieved, than strychnia, hypophosphorous acid and coca. It is necessary, however, not to give it immediately before going to bed, as without this precaution it may produce seminal emissions.—W. A. Hammond, M. D.

TREATMENT OF HYDROCELE BY INJECTION OF CARBOLIC ACID.

Extracted from a Clinical Lecture delivered by Prof. S. W. Moss. (College and Clinical Record.

"This plan originated with a physician of Tennessee, whose name I do not recall, some ten years ago, and it has been popularized by Dr. Levis, of this city. The method of applying carbolic acid is as follows: the fluid having been drawn off with a trocar, one drachm of the acid, rendered fluid by the addition of a minute quantity of water or glycerine, is injected into the sac by means of a rubber syringe provided with a nozzle long enough to reach through the canula. The canula and syringe are then removed, and the scrotum manipulated so as to bring the

agent in contact with every portion of the serous surface. There is, at first, a little pain, but this is soon followed by numbness or anæsthesia. The patient may walk around for twenty-four hours, but he must then keep to his bed, with the scrotum supported by a proper bandage. This plan is said to be very efficient, and not liable to be followed by relapse. Dr. Levis, who has had a large experience with it, records an almost uniform, if not entire, success. Other surgeons have not met with equally good results. In a case which I treated in this hospital some time ago, the injection of carbolic acid was followed by a large effusion of blood into the sac of the tunica vaginalis, which resulted from the erosion of the serous membrane and the loss of support of the underlying vessels. The blood was evacuated and the patient recovered. Thave not done the operation very often, but I have met with this complication on two occasions.

Before introducing the trocar, it should be mentioned that the scrotum is to be smeared with cosmoline, so that if any of the carbolic acid should fall upon the skin it will not produce excoriation."

Mr. Lawson Tait has, according to the *British Medical Journal*, accepted an invitation from the Canadian Medical Association, to deliver an address on Abdominal Surgery, at their meeting in Montreal, August 25 and 26.

GYNECOLOGY AND PÆDIATRICS.

A very interesting article appears in the London Lancet April 12th, 1884, by Dr. Robt. Bell, on the "Treatment of Uterine Displacements by means of medicated Tampons."

After speaking of the painful concomitants of these affections, the necessity of correcting displacements, and doing full justice to the value of the various pessaries, the author introduces his plan of treatment as follows:

"There are, however, certain conditions of the uterus where the introduction of a pessary would produce more pain and a more serious array of symptoms than the malposition, if left alone, would tend to do, and it is in such circumstances that the tampon in my experience has proved of such eminent service." He makes his tampon of absorbent cotton and saturates it with the following solution, viz: Alum 5ss., borax 5ii, and glycerine 5ii. It acts in three different and equally beneficial ways: (1) as a support when properly applied; (2) as a depleting agent, the glycerine abstracting fluid from the veins and the alum constringing the arteries: and (3) as an invigorating agent to the uterus and vagina, the alum by virtue of its astringent properties giving tone to the vaginal and uterine walls and its supports. Preference is given to alum as an astringent over most others, on account of its not staining the underclothing, and its effect on the catarrhal discharge, which it coagulates, prevents its decomposition and thus destroys its irritating properties. The borax is added to decrease

any liability to decomposition.

After discussing the efficiency of this medication in engorgements and inflammations of the uterus and its appendages, Dr. Bell says: "If to the therapeutic properties which the medicated tampon possesses we add its ability to act as a support when properly applied to the dislocated fundus, and moreover that it can be gradually made to exert an increasingly great amount of power as the hyperaesthesia of the uterus becomes reduced, it must be acknowledged that it can be employed as a pessary, when the ordinary vaginal pessary would be a most dangerous instrument to insert. The tampon forms a bed for the dependent fundus and it is easily moulded. Each successive tampon by degrees elevates the fundus until it is made to occupy its normal position, while simultaneously the hypertrophy and congestion are being removed by the therapeutic properties of the medicaments with which the tampon is saturated. When the normal position of the uterus has been reëstablished it is retained there either by a continuation of the treatment for a like time, or, if it is thought more advisable, by the application of a well fitting vaginal pessary." Much benefit is often obtained in cases of prolapse, ruptured perineum, rectocele and cystocele by preceding operative interference by a course of tampon treatment. "It tends very much to insure the success of the operation by reducing the bulk and weight of the uterus." Dr. Bell leaves the tampon in about three days, then removes and replaces it with another. This treatment has, in our opinion, one disadvantage, that is, it prevents the use of the hot water douche, which is so efficient when properly used. When, however, we consider how difficult it is to get even intelligent patients to use the douche properly, we are strongly tempted to follow in the footsteps of Dr. Bell in the treatment of many of our cases.

In the American Journal of Obstetrics, for May, Dr. Baer warns the profession against regarding metrorrhagia at or just after the change of life as one of the freaks of the menopanse, since cancers are found most frequently at that age and an early diagnosis is necessary for surgical interference.

In a letter to the *London Lancet*, April 26th, five drops of tincture of cantharides is recommended for incontinence of urine.

In a paper read by Dr. Doran before the "Obstetrical Society of London," the Relations of Prolapse of the Vagina to Hernia are discussed. The cases quoted all tended to prove the close relation between hernia of the intestine and displacements of the female pelvic viscera. The members present mostly concurred in the conclusions of the paper. Dr. Horrocks, however, suggested that allowance should be made for the fact that in the same family it often happened that circumstances obliged all the members to do hard work.

Dr. Edw. Cass in *The Medical and Surgical Reporter*, Phila., April 12th, reports a case of conception after inflammatory adhesions had formed in front of the uterus, leaving only a narrow sinus of communication with the outer portion of the vagina. This controverts the theory that intromission is necessary for conception.

In the Baltimore Medical Chronicle, for April, a case of Hairpin in the Bladder, is reported. It was introduced while titillating her genital organs. The editor of the journal quotes from one of his exchanges that a "prominent surgeon once had a female patient in whose bladder was a calculus concreted around a hairpin, and he remarked that the patient's misfortune was probably due to an attempt to pin up her waterfall." We remember another case in which Dr. Warren Stone, of this city, extracted a hairpin from the bladder of a patient who assured him she had swallowed it while combing her hair. (!)

POLLITZER ON THE VALUE OF CERTAIN SINGLE SYMPTOMS IN THE DIAGNOSIS OF DISEASES OF CHILDREN.

In this paper, Emeritus Professor Pollitzer contributes (Jahrbüch für Kinderheilkunde, Band xxi., Heft 1) from his ripe experience some very valuable hints for the guidance of the less initiated. The 'single symptoms' which he enumerates are in some cases pathognomic, and in others are of great importance for differential diagnosis. The first symptom is a strongly marked nasal or palatal cry. This is present in, amongst other complaints, syphilitic ozena, hypertrophied tonsils and paralysis of the soft palate; but, where these can be excluded, it affords very strong presumption of retropharyngeal abscess. Dr. Pollitzer relates that on one occasion he was examining a child when the nurse passed through the room, bearing another, four months old, in her arms. On hearing it give this nasal cry he stopped the nurse, but the mother affirmed that the baby was quite well. However, Pollitzer introduced his fingers and felt the expected swelling. This was incised, and a large quantity of pus evacuted.

The second symptom is an excessively prolonged loud-toned expiration, with normal inspiration and without dyspnea. This is an early symptom of chorea major, and may precede all other manifestations of the complaint. In illustration of this, the author mentions that he was once called to see a case of supposed croup, but, on observing this peculiar breathing, he felt no hesitation in diagnosing chorea. The mother had observed this symptom about two hours, and stated that it appeared suddenly, when the child was apparently quite well and asleep. The next day he was informed that this breathing continued for another hour, and then gave place to a singing semi-delirium, Later, the ordinary symptoms of chorea developed themselves.

The third single symptom is that of a high-thoracic, continued sighing inspiration. The author regards this as almost pathognomonic of weak heart, and of certain cases of acute fatty heart. The breathing differs from that of croup and other stenoses, in that, while the diaphragm is almost passive, the accessory muscles of inspiration are in vigorous action. The symptom is of special value because it is early, and it furnishes an indication for treatment long before the other signs—such as cyanosis or pallor of the face, thready

pulse, cold extremities, &c.—show themselves.

Another 'single symptom' of importance is the presence of a pause at the end of expiration. This serves to distinguish between laryngeal catarrh and croup, and, when well marked, absolutely excludes the latter. In examining for it, however, the room should be perfectly still, and the ear should be placed close to the patient's mouth. The author relates how he succeeded in diagnosing laryngeal catarrh from the mere presence of these pauses, in a child who had been ill three days with stenotic breathing, hoarseness, and great somnolence. The laryngoscopist who was called in confidently expected to find well-marked false membranes; but no such were visible, and the child was well in a few days. Another symptom, of which it is important to understand the significance, is the so-called respiratio stridula. It consists of slightly noisy but otherwise normal inspiration and a loud bleating, interrupted (staccato) expiration: it continues day and night, sleeping and waking, with very rare free intervals of ten minutes or a quarter of an hour. It begins soon after birth, and lasts for from eight to twelve months. To the physician unfamiliar with the condition, it appears to be a serious affair and to demand active measures; but as a matter of fact, it involves no dyspnæa, and does not affect the nutrition or development of the child; moreover, it is very obstinate to treatment, and ultimately ceases of its own accord. The author regards it, therefore, as being within physiological limits and recommends no treatment.

The next series of symptoms relates to the brain; and the first is a remarkable drowsiness which makes its appearance without fever or other disturbance, and persists for some time. Pyrexia from any cause is enough to produce drowsiness in a child: but when the latter coincides with a normal temperature, and continues so for twenty-four to thirty-six hours, it becomes a most valuable symptom of commencing brain-disease; and the same holds good when the drowsiness sets in upon convalescence from fevers when the pyrexial stages are passed. The only other conditions that can produce this apyrevial drowsiness are narcotic poisons and uramia, but these are easy to differentiate. Another single symptom of great value in the early diagnosis of brain-disease is a very elevated incompressible anterior fontanelle. This indicates not only increase of the contents of the skull, but also that that increase is due to something more dangerous than simple hyperæmia. Is all the more valuable when the child is wasted from any cause. When the swelling is so great as to resemble a wedge, and no trace of pulsation is present the disease is probably either intermeningeal hæmorrhage or purulent meningitis of the convexity. The next series of single symptoms relates to the character of the child's cry. I. A violent shrill cry, lasting two or three minutes, marked by anxious expression, and occurring about an hour after the child has fallen asleep, and repeated night after night, is probably due to the action of dreams on an irritable nervous system. It can be cured by the administration of a full dose of quinine an hour before bed-time. 2. A cry, lasting frequently five to ten minutes, and recurring periodically several times in the twenty-four hours, indicates, more especially if dysuria have been observed, spasm of the bladder, and can be cured with a dose of belladonna at bed-time. 3. The cry accompanying defacation indicates, as is well known, fissure of the anus. The author says nothing of operation for this, and recommends aperients and an ointment of zinc and belladonna. 4. 'A violent, almost continual cry, the hands grasping the head, which is rolled round and round, and buried in the pillow,' in little children, indicates otalgia. 5. A cry, lasting days or weeks, increased on movement, and associated with profuse sweating and fever, is rare, but may indicate acute general rickets. 6. The cry associated with chronic sleeplessness is difficult to relieve, though it frequently appears to have no ill effect upon the child's nutrition. In some cases it appears to be inherited, as one of the parents has occasionally been observed to be the subject of insomnia or hemicrania.

The next series of single symptoms have no particular interdependence. Amongst these are the following. I. A striking collapse and immobility of the nostrils almost always indicates hypertrophied tonsils. I. A weakness and immobility following a short illness, and out of all proportion to such a slight cause, is very frequently the first symptom of infantile paralysis. 3. A single symptom of importance, in a condition which is sometimes void of symptoms (congenital idiocy), is the habit the infant has of perpetually and automatically placing the hands in front of the face. 4. A stiffness of posture and gait, with a pained expression on changing position, is an early symptom of spondylitis. 4. Obstinate vomiting after every kind of food, and lasting for weeks, indicates, in a child whose fontanelles are closed and whose cranial circumfer-

ence is large, the supervention of acute upon chronic hydrocephalus. The author in conclusion, is careful to give the oft-repeated warning against diagnosing a disease from a single symptom—a real pathognomic symptom being rare. He claims for his observations, where these are original, the merit of facilitating diagnosis at a stage when treatment is likely to be followed by rapid benefit.— London Medical Record, May 15.

EYE AND THROAT.

During the month of May, a little boy was brought to us with the pupil of his right eye dilated nearly to the utmost. The parents had noticed the condition but a few hours before, and were much alarmed. The boy, a fine, rosy fellow, seemed the picture of health, and the most critical examination could detect nothing wrong with the eye. The conjunctiva was not even injected, and the child could read ordinary newspaper type at about four inches. Our little patient gave an intelligent account of his day. He had received no blow on the head, nor had anything gotten into his eye. Searching inquiries were made upon the latter point, as the case seemed to be one of accidental introduction of a mydriatic. Such was the diagnosis, with a prognosis accordingly favorable.

Within twenty-four hours we received a visit from the father, who said the pupil had now regained its normal size. He also told us that his son had finally remembered pulling and playing with the flowers of the James Town weed (datura stramonium), common enough in his garden. "Could this be the cause?" Of course it was, and the mystery was cleared up. The child had crushed the plant, gotten the juice on his hand (right), and then rubbed it into his eye (right).

H. D. B.

The American Journal of Ophthalmology.—Dr. Adolf Alt, of St. Louis, assisted by several well known American oculists, proposes to establish a journal, the object of which shall be "to give a full representation to the scientific work of American ophthalmologists." The second number of the new journal is before us, and well fulfits the promise given by the names of its distinguished editor and co-editors.

In the Virginia Medical Monthly for April, Dr. Chisolm, when not allowed to amputate hypertrophied tonsils, shrinks them in the following manner: A fine piece of wire roughened at the end, with a thin layer of absorbent cotton twisted upon it, is dipped in a saturated solution of chloride of zinc. This is plunged into a number of the follicles at each sitting. A very few applications will cause the gland to shrink. This method is much less painful than cauterizing the surface of the tonsil. Dr. Chisolm does not mention the galvano-cautery in his communication. In our opinion this would be a much neater, more efficient and less painful means of attacking such hypertrophies through their follicles. However, as chloride of zinc is easier to procure than a galvano-cautery, Dr. C.'s method has much practical value.

Dr. W. C. Jarvis of New York, recommends the trioxide of chromium, or chromic acid, for the removal of intra-laryngeal growths, especially papilliary. It is best employed fused on the point of a probe, an instrument to act as a protector and guide may be used with it.—Proceedings of the American Laryngological Association.

Dr. C. E. Sajous of Philadelphia, in a paper on "Hay Fever and its Successful Treatment," sets forth the following propositions:

1. That there was an idiosyncrasy existing in certain individuals to become influenced by certain emanations or

irritating substances.

2. That the idiosyncrasy was accompanied by a chronic hyperæsthesia of that part of the nasal mucous membrane covering the anterior and middle turbinated bones, the middle meatus, the floor of the nose and that part of the septum between the limits of the olfactory membrane.

3. That organic alteration of these parts annulled that hyperasthesia, preventing at the same time what symptoms the patient might be liable to in case of an access

4. That any destructive agent would induce that organic alteration, but the galvano-cautery was by far the best, being painless, effective and devoid of all danger when used by practiced hands.—Proceedings of the American Laryngological Association.

For the benefit of those who have no galvano-cautery it may be well to add that before Dr. Sajous adopted that

means he used pure glacial acetic acid, this was just as efficacious but its application was very painful.

Reviews and BOOK-Notices.

Illustrations of the Influence of the Mind upon the Body in Health and Disease, Designed to Elucidate the Action of the Imagination. By Daniel Hack Tuke, M. D., F. R. C. P, LL. D., late President of the Medico Psychological Association; joint author of the "Manual of Psychological Medicine," and co-editor of the Journal of Mental Science. Second American from the second English edition. Philadelphia. Henry C. Lea's Son & Co., 1884. [New Orleans: Armand Hawkins, 196½ Canal street. pp. 482, 8 vo. Price, \$3.00.

There is no doubt, as the author tells us, that there has been a remarkable increase, in late years, in the amount of interest felt in the more subtle relations existing between Mind and Body, and, happily, physicians of acknowledged position have devoted their attention to the study of psychical phenomena too often neglected even by those whose special province it is to determine their nature and to enlighten the public mind as to what is real on the one hand, and what is either fancy or fraud on the other.

Dr. Tuke only aspires to lay down and illustrate certain psycho-physical principles which appear clearly recognizable in the light of modern physiology. He aims to obtain the following objects: (1) To collect together in one volume authentic illustrations of the influence of the Mind upon the Body, scattered through various medical and other works, however familiar to many these cases may be, supplemented by those falling within his own knowledge; (2) to give these cases fresh interest and value by arranging them on a definite physicological basis; (3) to show the power and extent of this influence not only in health in

causing disorders of sensation, motion and the organic functions, but also its importance as a *practical* remedy in disease; (4) to ascertain as far as possible the channels through and the mode by which this influence is exerted; (5) to elucidate by this enquiry the nature and action of what is usually understood as the Imagination.

It is thus seen that this book is devoted to the elucidation of a most complex and comprehensive question, and that the author has undertaken a task which requires an intellectually Herculean strength to accomplish. All those acquainted with Dr. Tuke's magnificent record as a medical writer and who have delved in the depths of his crudite and scholarly productions will not fail to recognize his competence in this field of research. This, his latest, effort is certainly on a par with his best; it is the work of years, but the reader is not made to feel the laboriousness of the task. The language is pure, elegant and even brilliant and the composition absorbingly interesting.

The author addresses himself to two classes of readers the medical and non-medical. In regard to the latter, we cannot do more than express our belief that those who intelligently follow the author's salutary teachings will not fail to be benefited by them. As to the professional reader, the author says: "I hope he may be induced to employ psycho-therapeutics in a more methodical way than heretofore, and thus copy nature in those interesting instances, occasionally occurring, of sudden recovery from the spontaneous action of some powerful moral cause, by employing the same force designedly, instead of leaving it to mere chance. The force is there, acting irregularly and capriciously. The question is, whether it cannot be applied and guided with skill and wisdom by the physician. Again and again we exclaim, when some new nostrum, powerless in itself, effects a cure, 'its only the imagination!' We attribute to this remarkable mental influence a power which ordinary medicines have failed to exert, and yet are content, with a shrug of the shoulders, to dismiss the circumstance from our minds without further thought.

I want medical men who are in active practice to utilize this force, to yoke it to the car of the Son of Apollo, and rescuing it from the eccentric orbits of quackery, force it to tread, with measured step, the orderly paths of legitimate medicine!"

The spirit of the whole work is embraced in this quotation, and it is enough said, we hope, to interest all in the study which Dr. Tuke has so admirably mastered, and which, as he insists, increasingly demands the attention of the practicing physician.

R. M.

History of the Discovery of the Circulation of the Blood. By Henry C. Chapman, M. D., Professor of Institutes of Medicine and Medical Jurisprudence in Jefferson Medical College, Philadelphia. P. Blakiston, Son & Co., No. 1012 Walnut street. 1884. New Orleans: Armand Hawkins, 169½ Canal. 8vo., pp. 56. [Price, \$1 00.]

This essay was delivered as a lecture at the Jefferson Medical College, December 10th, 1883, concluding a course on the circulation, and constitutes with but little modification a chapter in a forthcoming work on Physiology, by the author. In this interesting work, Dr. Chapman endeavors to prove, and we believe he has succeeded admirably, that-while it was not until after the appearance of Harvey's great work on the circulation (De motu cordis et sanguinis in animalibus, 1628,) that the manner in which the blood passed from the arteries to the veins was made intelligible—the discovery of the circulation of the blood. in the widest acceptation of the term, cannot be attributed to any one person, age or country. With the name of Harvey must be associated those of Erasistratus, Galen, Servetus, Casalpinus, Malpighi, Asselli, Pacquet, Rudbeck, Bartholinus. The history of the circulation extends, therefore over a period of 2000 years, from the epoch of the Egyptian Ptolemies, to the latter part of the 17th century, and even in some respects to the present day. The general structure of the heart, its cavities, the play of its valves, the passage of blood from its right side to the lungs and back to its left side, thence through the arteries to all parts of the body; the valves in the veins, the flow of the venous blood towards the heart, had been demonstrated in an isolated way, by this or that person, before Harvey's time. Harvey's great merit consists simply in applying a general induction to these discoveries, in describing the motions of the heart and both the pulmonary and systemic circulations correctly.

The history of the discovery of the circulation, recapitulated, divides itself naturally into a series of epoch-making periods:

- 1. The structure and functions of the valves of the heart, Erasistratus, B. C. 304.
- 2. The arteries carry blood during life, not air. Galen, A. D. 165.
 - 3. The pulmonary circulation. Servetus, 1553.
 - 4. The systemic circulation. Cæsalpinus, 1593.
 - 5. The pulmonic and systemic circulations, Harvey, 1628.
 - 6. The capillaries. Malpighi, 1661.

Dr. Chapman has written a learned essay and proven himself as refined a scholar as he is an instructive teacher.

R. M.

A Treatise on Ophthalmology for the General Practitioner. Illustrated. By Adolf Alt, M. D. J. H. Chambers & Co., Chicago, St. Louis and Atlanta. 1884. 8vo. pp. 244.

This book, we fear, is the outcome of a mistaken impression. The author, himself, confesses that he would not have written it had he not been asked to do so by the publishers. He says, however: "Looking again over the excellent English and American Manuals on Ophthalmology by authors like Noyes, Nettleship, MacNamara and others, it appeared to me that after all there may be a want which these works do not exactly supply," etc. Certainly it appears to us the author is not very profoundly convinced of the necessity of this work, and upon examining its pages we must confess our inability to give it a distinct and separ-

ate place in ophthalmological literature: for, besides the manuals referred to by the author, other and excellent books have been written to cover the identical purpose contemplated by the publishers.

In justice to Dr. Alt, however, we must say that he has fully complied with the request of his publishers in writing a very clear and essentially practical work, unburdened with unnecessary details and technicalities, and undoubtedly acceptable to all general practitioners. The artistic part is gotten up badly. The plates demonstrate the crudest conceptions of art, and are unfit to accompany any text.

R. M.

The Laws of Health, Physiology, Hygiene, Stimulants, Narcotics. For Educational Institutions and General Readers. Copiously illustrated. By Joseph C. Hutchinson, M. D., LL. D., author of a treatise on Physiology and Hygiene, etc. New York: Clark & Maynard.

The pressing demands now being made upon legislators throughout the country looking to the introduction of the study of physiology and hygiene in public schools has created a demand for elementary works upon these subjects, and the result is that many have been produced, good, bad and indifferent. We are pleased to class this little book of Dr. Hutchinson among those which are good. It is well written and profusely illustrated, and is well calculated for instructing students in a smattering of physiology and hygiene, such as can be taught in common schools. We recommend it to the attention of school directors and teachers.

L. F. S.

Brain Exhaustion, with some Preliminary Considerations on Cerebral Dynamics. By J. Leonard Corning, M. D., Physician to the New York Neurological Infirmary, etc., etc. New York: D. Appleton & Co., 1884. New Orleans: Armand Hawkins. 12mo., cloth, pp. 234. [Price \$2 00.]

The editor of this work starts out with the avowed determination to base his discussion upon the fact that mind is a physiological process, as being the only basis upon which morbid phenomena can be explained and scientifically met, and he handles his subject thoroughly and practically, making the book well worth the perusal and careful study of those interested in morbid cerebral manifestations, particularly those known as cerebral, or brain exhaustion, as first described by the late Geo. M. Beard.

The chapters on "Effects of Tobacco and Alcoholic Excesses on the Brain" and "Mental Hygienics" are particularly noticeable on account of the admirable teachings contained therein.

The study of what is now becoming a most interesting subject to the general practitioner as well as to the neurologist, viz.: intellectual diseases, has created a demand for works of the kind before us, and that Dr. Corning's memoir will meet with the reception that its merits deserve, we have not a doubt.

L. F. S.

Drugs and Medicines of North America. A quarterly, devoted to the Historical and Scientific, Discussion of the Botany, Pharmacy, Chemistry and Therapeutics of the Medicinal Plants of North America, their Constituents, Products and Sophistications. J. U. & C. G. Lloyd, 180 Elm street, Cincinnati.

We are in receipt of this new journal which, to judge from the first number, promises to prove of incalculable value to physicians and pharmacists. It is something entirely new in medical literature, and will be devoted to the history and description of native medicinal plants with their pharmaceutical preparations and medicinal properties, irrespective of schools or methods. It is profusely illustrated and is sent to subscribers at the low rate of one dollar a year.

L. F. S.

It gives us pleasure to acknowledge the receipt of a copy of the "Medical Annals of Baltimore from 1608 to 1880." The work, consisting as it does of a chronology of medical events extending over more than two hundred years, of a literary record of Baltimore Physicians, and of a very

complete subject index, impresses one as being the result of vast labour, and both the author and the medical and chirurgical faculty of Maryland may congratulate themselves upon the thoroughness with which the task has been performed. The medical fraternity of the whole State of Maryland should be proud of the record here produced, while the physicians of other States in reading the volume, especially pages 49, 50, 51, needs must experience both admiration and envy, and cherish the hope that at some day there shall rise up among them a historian as faithful and painstaking as Dr. Quinan.,

Publications Received.

The Physician, and his Relation to the Profession and the Patient. By John Blakenship, M.D. Address before Blount County Medical Society.

Minutes of the State Medical Society of Arkansas at its Ninth Annual Session.

International Medical Congress. Eighth Session. Copenhagen, 10th to 16th August, 1884. Rules and Programme.

Health Hints for Travellers. By John C. Sundberg, M. D.

Transactions Medical Society of the State of Tennessee. 1884.

Address on Practical Medicine. By John V. Shoemaker, A. M., M. D., Chairman of the Section of Practice, etc.

The Laws of Health, Physiology, Hygiene, Stimulants, Narcotics, for Educational Institutions and General Readers. Copiously illustrated. By Joseph C. Hutchinson, M.D., LL.D. New York: Clark & Maynard, publishers, 734 Broadway.

Education the Means for Purifying the Medical Profession and Strengthening the State Medical Association. By R. A. Kinloch, M. D., President of the South Carolina Medical Association.

TEMS

A New Mercury Preparation.—Dr. L. Luftgarten spoke before the Imperial Medical Society of Vienna about a new combination of mercury, the hydrargyrum tannicum oxydatum or tannate proto-oxide of mercury, which had been prepared in the laboratory of Prof. S. Ludwig. He

spoke at length about this new compound's chemical and therapeutical properties, having employed it in all the different stages of syphilis. It contains about 50 per cent. mercury, and has no odor or taste, it is insoluble and is not decomposed by diluted muriatic acid, while alkalies even in very diluted solutions, as solutions of ammonia, potassa and the alkaline carbonates act upon it in such a way that a minute, fine, mud-like precipitate is quickly formed. This precipitate is composed of microscopically fine particles of mercury, being so finely divided that many under the microscope show the peculiar phenomenon known as the Brownian movement.

The Doctor was not yet prepared to decide positively if this chemical reaction also took place when the salt was exposed to the alkaline action of the digestive secretions, which might lead to the absorption of the mercury by the mucous membrane of the intestines; thereby acting in a somewhat similar manner as when mercury is absorbed

through the skin by the inunction process.

The tannate was, nevertheless, in every case in which employed, quickly absorbed and could be detected in the urine 24 hours after having been taken. The new remedy was given two or three times a day in doses of 0,1 (1½ grain), and in spite of the rather large doses, no unpleasant action upon the stomach or bowels was perceived, and in all cases treated, (they representing nearly every stage of syphilis), such quick cessation of the syphilitic symptoms was noted that Dr. Luftgarten predicts this new remedy to become a powerful rival to the most celebrated mercury preparations heretofore employed, including mercury ointment.—F. Lascar.

Charcot.—The fame of Charcot grows daily. The fecundity of his intellect is a marvel in itself and a wonderment to his most reliant admirers. Though seemingly overwhelmed with the demands of private practice and the duties of public positions, to the surprise and delight of the profession he finds the time to investigate and elucidate the most recondite problems appertaining to all the departments of medicine. Each day of his busy life but adds some greater discovery to the domains of science, and contributes a fresher laurel to the crown of his own imperishable renown. Heedless of the malice of jealous rivals, deaf to the adulation of ardent admirers, and indifferent to the demands of personal necessities and requirements,

he devotes himself exclusively to his mission as a physician and a scientist—to the relief of human suffering and to the solution of the great problems in physiology and

pathology which he has made his specialty.

His salle de reception is one of the veritable curiosities of Paris, filled as it daily is with crowds of impatient clients, speaking every conceivable language, and struggling to make terms with the consequential portier for a speedy admittance to the presence of the "man of des-

tiny " within.

I have known an invalid, who had crossed the ocean for the special object of obtaining Charcot's opinion and advice, sit out three entire series of "hours of reception" without having his turn for a séance arrive, and then find himself constrained to get another physician invite "the Professor " to a consultation in due form, at his hotel. Dr. Charcot prides himself upon being essentially a "consulting physician," and the best way to secure an audience with him, and to get the full benefit of his skill, is to pursue the course to which I have just alluded, viz: for the patient to place himself under the charge of some other physician and to have him request "a consultation at the earliest convenient moment." This will cost rather dearly —for in this country both parties to a consultation receive the same fee—but it will secure a more thorough examination and deliberate opinion at the hand of the great specialist. When seen in this way-apart from the hurry and pressure of his office hours—he is one of the most sympathetic of physicians and charming of men Of a grave but attractive presence, speaking English to perfection, listening attentively to any statement and suggestion of his patients, quick to perceive and appreciate every symptom of the case, and without an atom of pretention or quackery in his nature, he bears himself in the chamber of sickness like a friend, a gentleman and a master, and he never fails to make an impression as profound as it is pleasant and inspiring.

To his skill as a physician, and his triumphs as a savant, the world can testify; but of his loyalty as a friend, and his character as a gentleman, it is my special privilege to speak. Nearly thirty years ago, when he was an unknown and struggling young man, we became acquainted under circumstances which drew us closely together, and ever since—alike in storm and sunshine, under all circumstances, and to the fullest measure of his ability—he has shown to

me and to mine the affection and the fidelity of a brother. It is mainly to the potency of his great name that I enjoy the right to practice medicine in France, and to wear the Cross of the Legion of Honor upon my breast. And in the intimate relations of all of these years I have had abundant opportunities of testing the material out of which his real nature is constructed, with the result of finding it to be genuine metal—without a trace of alloy or counterfeit.

—Parisian Correspondence to Gaillard's Journal, from Dr. Edward Warren (Bey), M. D.

According to Dr. Leartus Connor (Fournal of the American Med. Association) the entire number of medical journals started in the United States previous to February, 1884, is 509. Of these 136 are now current. 373 have passed over to the silent land. Periods of great commercial depression are marked by a diminution in the number of journals started. Thus from 1812 to 1816 but one journal was started, while in the four previous years there had been six, and during the four following there were seven. The same remark applies to other periods of similar commercial disaster. Since the recovery from the panic of 1873, the multiplication of medical journals has been unprecedented. Thus, from 1878 to February, 1884, we have 173 started. The mortality has also been terrible, being 1061. It is also apparent that of medical journals started but few are long-lived. Out of the 509 journals started before 1884, 26 did not issue more than one number, 73 did not complete the first volume, 161 did not go beyond one volume, 105 did not go beyond two volumes.

On June 5th, Dr. Alfred Stillé was tendered, on behalf of the medical profession of Philadelphia, a complimentary dinner at the Hotel Bellevue. The President of the College of Physicians, Dr. Da Costa, presided, and covers were laid for seventy-seven persons. Among the invited guests present were Drs. Austin Flint of New York, George C. Shattuck of Boston, J. S. Billings of Washington, Charles J. Stille of Philadelphia, R. S. Ives of New Haven, and Traill Green, of Easton. The profession of Philadelphia was represented by its most prominent members. The speeches made by Drs. Da Costa and Stillé were particularly brilliant.

Mr. Charles Adolph Würtz, the distinguished French chemist, whose name is particularly associated with the progress of organic chemistry during the last half century, died very suddenly on the 12th of May last.

Professor Bartholow has been giving lately some useful clinical hints on the subject of the administration of the iodide of potash. He said, in a lecture: "I shall give this patient twenty grains of iodide of potassium three times daily, and also one-twentieth of a grain of bichloride of mercury, with one grain of extract of cinchona three times a day, in the form of a pill. As you see, I do not give iodide and mercury together. I direct a simple solution of the iodide to be made, and the patient to take twenty grains in four ounces of water, before meals, so as to secure its diffusion through the system before the mercury is administered. I think that it is always an error to combine these two remedies, for in such a combination you do not, as is commonly supposed, obtain the beneficial effects of both drugs."

A young medical student has offered himself to M. Pasteur as a subject for his experiments with rabies, which are to be made before a Government commission. The student desires to be inoculated with the virus, and insists upon being given the preference in this distinction, expressing a heroic willingness to die, if need be, in the interests of science. Such a sacrifice is obviously foolish and uncalled for, in France, at least, where frogs and rabbits are not protected by law.—British Medical Journal.

We are in receipt of the circular of the American Public Health Association, informing us that the twelfth annual session of the Association will be held in St. Louis, Missouri, on Tuesday, Wednesday, Thursday and Friday, October 14th–17th, 1884.

The following subjects are presented for consideration:

1. Hygiene of the habitations of the poor.

Hygiene of occupations.
 School Hygiene.

4. Adulteration of food. 5. Water pollution.

6. Disposal of sewage by irrigation or chemical action.

7. The observable effects upon the public health of official sanitary supervision.

8. The work of Municipal and State Boards of Health. Persons intending to present papers upon any of these subjects are requested to notify the secretary at once, and to furnish him with a condensed extract of same not later than September 1st.

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The address of the secretary is Dr. Irving A. Watson,

Concord, N. H.

DEATH'S DOINGS—DEATH OF DR. GROSS.—It is probable that the death of a member of the profession in the United States has never yet awakened so much feeling as that of Dr. Gross. His long and arduous services as teacher and writer, the vast multitude of now active members of the profession whose diplomas have his signature, his cordial manners and goodness of heart, together with the extraordinary distinction he attained in the entire world of medicine, had given him a high place in the regard and love of physicians everywhere. He was born in Easton, Pa., in July, 1805, and consequently was approaching the age of 70 years. He graduated at Jefferson College in 1828 and began practice in Philadelphia. From that date onward his course has been one of untiring industry and unbroken success and advancement. We cannot do better than complete this notice by copying from the Maryland Medical Journal: "In 1833 he was appointed a demonstrator of anatomy in the Medical College of Ohio, at Cincinnati, and two years later professor of pathological anatomy in the medical department of the Cincinnati College. Four years later he accepted the chair of surgery in the University of Louisville. In 1850 he was called to the chair of surgery in the University of New York, and in 1856 to the chair of surgery in Jefferson Medical College, Philadelphia, which position he filled for twenty-six years. Prof. Gross was a voluminous writer and was ever busy with his pen, which he handled with great skill, fluency and force. His · System of Surgery' made its appearance in 1859, and has passed through numerous editions. This work is a monument of untiring labor, experience and research. For many years it has been one of the highest authorities on surgery in the English tongue. In 1867 Prof. Gross was elected President of the American Medical Association. His interest in this organization has been most striking. He regularly attended its annual meetings, and freely gave his influence and ripe experience in promoting its purposes. In 1872 the University of Oxford, England, conferred the degree of D. C. L. upon Prof. Gross as a graceful compliment to the American Faculty of Medicine. The University of Cambridge, in 1880, following the example of its sister institution, conferred upon him the degree of LL. D., which degree he had previously received from the Jefferson College. The University of Edinburg recently conferred upon him the degree of LL. D. in honor of her tercentennial celebration. Prof. Gross was President of the International Medical Congress held in 1876 in Philadelphia. He has filled many other high positions of influence and trust. No American citizen has been so honored as this representative of American authorship and surgery. It is needless to say that Prof. Gross has borne these great honors with singular modesty and grace. In his private and public life he has set an example of strict devotion to duty. His influence has been lofty and his purposes in life above reproach."

We have to chronicle another deplorable loss in the death of Dr. Willard Parker, the distinguished Professor of Surgery in the College of Physicians and Surgeons of New York, to which position he was chosen in 1839 and the active duties of which he performed for thirty-one years, when he resigned and was made Emeritus Professor. He was born in New Hampshire in 1800, and graduated at Harvard in 1826, and was in his 84th year at the time of his death. As a surgeon and a teacher he was long eminent, whilst as a philanthropist and citizen few men were ever so highly appreciated. His private character was remarkably pure.

The Samuel D. Gross Professorship of Pathological Anatomy.—At a meeting of the medical profession of Philadelphia, held June 9, Drs. D. Hayes Agnew, Samuel Ashhurst, W. B. Atkinson, Roberts Bartholow, J. M. Barton, J. Solis-Cohen, J. M. Da Costa, R. J. Dunglison, Nathan L. Hatfield, I. Minis Hays, P. J. Horwitz, Wm. Hunt, Joseph Leidy, R. J. Levis, J. Ewing Mears, S. Weir Mitchell, G. R. Morehouse, Andrew Nebinger, M. B. Musser, Theophilus Parvin, W. H. Parish, Wm. Pepper, Wm. Thomson, Laurence Turnbull, W. S. W. Ruschenberger, H. H. Smith, Alfred Stillé, Wm. H. Walker, and James C. Wilson were appointed a committee to issue the following appeal:

"American surgery has had no better exponent than

Samuel D. Gross, none so honored abroad and at home by institutions of learning, none more revered by his associates and his pupils.

"His long and brilliant professorial career deserves the perpetuation of his name in close association with medical

tuition.

"In furtherance of this object the Alumni Association of Jefferson Medical College has inaugurated a movement to secure in some medical school the endowment of a memorial professorship, to be designated 'The S. D. Gross

PROFESSORSHIP OF PATHOLOGICAL ANATOMY.

"The profession at large, the personal friends of the late Professor Gross, and others interested in the advancement of medical education, are cordially invited to participate in this graceful recognition of conduct and services which have largely helped to establish the high standard of excellence to which surgery has attained throughout the United States, and to dignify the repute of American medicine."

Contributions may be sent to Dr. R. L. Dunglison, lock box 1274, P. O. Philadelphia, and will be acknowledged in the columns of *The Medical News*.

D. HAYES AGNEW, M. D., Chairman.

THE DANGERS OF THE LOOKING-GLASS.—It would seem as if the catalogue of perils to which we are exposed while peacefully resting in our boudoirs, or sleeping the sleep of the just in our bedchambers, is never to be complete. Every few days we are startled by the discovery of some unsuspected source of evil, and learn with alarm that our feeling of security was baseless, and that the enemy was working destruction under the guise of a friend. The wall-paper, the carpets, the upholstery, the furnace, the fresh-air flue, and the area drain have all had their evil actions brought to light, and now the aged mirror, which seemed to be an angel of light, is shown to have worked deeds of darkness. Dr. Neukirch (Centralblatt für Klinische Medicin, March 15, 1884) reports having met with several cases of chronic mercurial poisoning, manifested by severe stomatitis with pains in the lower jaw, swelling of the submaxillary glands, ptyalism and a fetid breath. The presence of mercury in considerable quantity was also detected in the urine. In two cases, of a man and his wife, the cause of the trouble was in a looking-glass hanging in the bedroom, the wooden back of

which was dotted with thousands of minute globules of mercury. The apartment was heated during the night. In another instance the source of the poisoning was a mirror, forty years old, whose back had become weak and from whose face the quicksilvery freshness was fading. The aged culprits having been summarily removed, their victims speedily recovered. Thus has yet another of our trusted friends been proved false! And now we must either destroy our mirrors while they are yet young and innocent, or else keep a watchful eye on them and brace up their backs the moment the signs of decrepitude become apparent. If worse comes to worst, we can at least take refuge in the burnished steel of our forefathers.—N. Y. Med. Record, June 21.

ANTIPATHIES.—The celebrated Erasmus, though a native of Rotterdam, had such an aversion to fish, that the smell of it threw him into a fever. Ambroise Paré had a patient who could never see an eel without fainting; and another who would fall into convulsions at the sight of a carp. What would have been the effect of an electric eel on these gentlemen? Joseph Scaliger and others could never drink milk. Gardan was disgusted at the sight of eggs. A King of Poland and a Secretary of France bled at the nose when they looked at apples. Henry III., of France, and many others had a great aversion to cats, mice, spiders, etc. A great huntsman in Hanover, who would attack a wild boar valiantly, always fainted at the sight of roasted pig, if he had not time to run away. These antipathies have been humorously accounted for by the doctrine of the transmigration of souls. Those who had been flies in a former state were horribly afraid of spiders: those who had been mice, did not like cats; and those who had been cats did not love dogs, etc. Amatus Lusitanus knew a person who fainted whenever he saw a rose, and always kept his house when they were in bloom. Scaliger mentions the same about lilies, and Bayle about honey. Bayle himself turned pale at the sight of water-cresses: Tycho-Brahé fainted at the sight of a fox; Henry III., of France, at that of a cat: Marshal d'Albret at a pig. A lady, wonderful enough, could not endure the feel of silk or satin. A man, not so strangely, was known to faint whenever he heard a servant sweeping. Nicanor swooned whenever he heard a bagpipe; Bayle fainted when he heard the splashing of water.—Ibid.

A model certificate was copied by Dr. P. L. Conner (Lancet and Clinic) from the records of the pension office, in Washington; it reads as follows: "The broad muscle which compresses, lowers and extends the linea alba, the muscle of expiration, is entirely severed, thereby affecting the scorbutus cordi, which goes straight up to the navel or umbilicus, and from thence down to the pubis, which is evidently the primordial cause of the frequent abscesses of the scrotum. Also, from the fact of increased attachment necessarily causes increased cicatrix, which is constantly increasing, and hence the increase of all the detrimental symptoms."—New England Med. Monthly.

ALUM IN INTERMITTENT FEVER.—Like Drs. Banergee and Shidlovsky, Dr. N. N. Saltykoff, of Temi-Khan-Shura, Dagestan (Proceedings of the Caucasian Medical Society, Fan. 16, 1884), treated intermittent fever by the internal administration of alum. He gave two eight-grain doses daily, one three hours, and another one hour, before the time of an expected paroxysm. The number of patients thus treated was fifty. Seven of them suffered from quartan fever, twenty-three from quotidian, and twenty from tertian. The paroxysms disappeared only in thirteen patients (in five with the quotidian variety, and in eight with tertian). In five of these patients the attacks ceased to occur after a single dose; in the remaining eight after two and a half doses (in average). All the cured cases were of a very mild type. No action on the spleen was observed. The alum treatment of malarial fever proved equally unsatisfactory in other Caucasian towns, to wit, in Batum and Sukhum (Dr. A. F. Gavrilko's statement). Tiflis (Dr. J. J. Zubrilin), and Erivan (Dr. A. A. Kalantaroff).

In the *Meditzinsk*, *Obozren*., Fasc. 3, 1884, p. 289, Dr. Al. Savvinsky, of Podolsk, Moscow Government, reports twelve cases of intermittent fever, all of which were rapidly cured by alum, in eight-grain doses (in half a tumbler of water) three times daily. To prevent any return of paroxysms, the author advises the administration of a few more doses of alum after the fever has been cut short. All his cases were of a mild type and recent standing (not more than four days).—*London Record*.

American Medical Association.—At the meeting of the American Medical Association held at Washington in May last, an Amendment to Regulation II was adopted,

which provides that—

"Membership in the Association shall be obtainable by any member of a State or County Medical Society recognized by the Association, upon application endorsed by the President and Secretary of said Society; and shall be retained so long as he shall remain in good standing in his local Society, and shall pay his annual dues to the Association."

As will be perceived, by this amendment, the strength of the Association will be increased and consolidated, so as to unite the profession, and give it a force and influence not otherwise attainable. Without undertaking, however, to pointout the advantages of this action on the part of the Association, or to advocate the plan of which it is a main feature, it may simply be said that, as the new departure has been taken, it is for the Association and its constituent bodies to carry it out to the fullest extent, and to give the movement their hearty cooperation.

Applications for membership, in the manner specified above, accompanied with Five Dollars for annual dues, should be sent directly to the Treasurer, Dr. Richard J. Dunglison, Lock Box 1274, Philadelphia, Pa.; on receipt of which the weekly Journal of the Association will be

forwarded for one year to such member.

CHARPENTIER ON SULPHATE OF COPPER IN OBSTETRICS. —In a paper read before the Academy of Medicine of Paris, the author concludes that sulphate of copper in solution of I per cent. is an antiseptic of the first order, which may be most useful in obstetric practice. Injected into the vagina or uterus it is absolutely harmless, of small cost, easy use, and is moreover an energetic and prompt disinfectant. Its properties as an astringent and coagulant justify its substitution for perchloride of iron as a hæmostatic, compared with which it has the advantage of not giving a bad aspect to the surface of wounds. The strength of the solution should be I per cent., and this should be used at a temperature of 36 to 35 °C. This injection may be used several times a day, for eight or ten days. During its use the author has seen a case of voluminous thrombus of the vulva recover rapidly and perfectly, without a trace of suppuration.—London Record.

Dr. Posada Arango speaks very highly of the good effect of nux vomica as a stimulant to the secretion of milk. He gives ten drops of the tincture three times a day, and explains its galactagogue properties by its action on the mammary gland, exciting it to secretion, and by its stimulating action on the stomach facilitating digestion. He recommends strychnia in recent cases of complete suppression of the secretion.

Collopion for Side-Pain in Phthisis.—M. Rigaud, according to the *Therapeutic Gazette*, recommends in the *Journal de Therapeutique* the application of collodion for the relief of pain in the side in phthisis. The *Gazette* thinks this mechanical effect of the collodion would be enhanced by the previous application of a counter-irritant, preferably the tincture of iodine

For the advancement of the profession, it does not seem absolutely necessary that wherever a railroad opens a new country, and a prosperous little town attracts eight doctors, there should be at once two medical schools. Nor is it clear why the establishment of every post-office should quickly be followed by a fresh medical journal. And in these journals it is a little trying to him who endeavors to keep himself informed of the literature of the day, to find, in six out of ten, articles to prove that opium will make you sleep, and is dangerous if too much be taken: that castor oil has purgative properties, and is not relished, especially by children: that it is difficult to prescribe for malarial diseases without using quinine: and that aloes is bitter and may gripe very unpleasantly. One might pardon some neglect in these lively authors to let their overflowing plethora of knowledge run off into the common stream — Da Costa, at the Stillé banquet.

EUCALYPTUS GLOBULUS IN WHOOPING COUGH.—The Therapeutic Gazette thinks the results of treatment of whooping cough with eucalyptus globulus in the practice of the editor of the N. E. Medical Monthly merit a trial at the hands of other practitioners of this agent. It seemed to modify greatly the severity of the paroxysms.

Professor J. B. Dumas.—French exchanges announce that the death of this eminent chemist took place on the 11th of April, in the eighty-fourth year of his age.

METEOROLOGICAL SUMMARY—MAY. STATION—NEW ORLEANS.

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M. HERMAN, Corp'l Signal Corps, U. S. A.

MORTALITY IN NEW ORLEANS FROM MAY 25TH, 1884, TO JUNE 21ST, 1884, INCLUSIVE.

Week Ending.			Consump-tion.			
May 31st June 7th June 14th June 21st	() () ()	10 4 9 6	20 19 16	7 9 7 4	3 2 6 4	151 162 178 154
Total	()	29	68	27	15	645

TO THE MEDICAL PROFESSION.

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JOHN ATTFIELD.

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PROF. JOHN ATTFIELD, Ph. D., F. R. S., F. I. C., F. C. S., London, Eng., Prof. of Prac. Chem. to the Pharmaceutical Society of Great Britain.

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Each Bottle of Fellows' Hypophosphites contains 128 doses.

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AUGUST, 1884.

No. 2.

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JOURNAL.

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THE NEW ORLEANS MEDICAL PUBLISHING ASSOCIATION.

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> Paullum sepultæ distat inertiæ Celata virtus.—HORACE.

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(See advertisement p. 16.)

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THE NEW REMEDY FOR NEURALGIA AND RHEUMATISM.

Tonga is a product of the Tonga or Friendly Islands, and has long been used as a domestic remedy by the natives of the Fiji Group. It was introduced to the notice of the medical profession by Drs. Ringer and Murrell, of London, England, who have made some very thorough and most satisfactory experiments as to its therapeutic value.

Tongolime is a combination of Tonga with powerful salicylates, whereby the remedial properties of the Tonga are secured and increased. Each fluid drachm of Tonga are secured and increased. Each fluid drachm of Tonga and Tonga are secured and increased. Race Racemose. 2 grains; Sodium Salicylate, 100 grain; Colchicin Salicylate, 1-500 grain.

It is taken internally and intended to reach the cause of the complaint, not merely to allay the symptoms. Contains no opium in any form whatsoever. Is attended with no injurious nor unpleasant reactionary effects.

DOSE: Teaspoonful. In acute cases every hour until pain ceases, then discontinue. four to six times per day at regular intervals. To prevent recurrence, every two hours. In chronic forms.

St. Paul, Minn., Nov. 16, 1883.

I am prescribing Tongothuse with satisfactory results. For the indefinite aches and pains of nervous patients it is superior to any other anodyne. For nervous headache or muscular rheumatism it is almost a specific.

PARK RITCHIE, M.D.

Cleveland, Ohio, July 30, 1883.

have used your proparation, Source were extensively, and have been well satisfied with its results. You are to be congratulated on the value of the article which you offer to physicians. sicians. R. A. VANCE, M. D.

Plainfield, N. J., March 11, 1884.
Have used Soutpalane constantly for some months both in private and hospital practice, and found it all I could have desired.

Have used Sougaine in cases of neuralgic

O. D. NORTON, M.D.

Louisville, Ky., June 12, 1883.

I have used Sougename during the past few weeks in neuralgic affections, many of them in a severe form, with the most gratifying results, and these results have been quite uniform.

I have found Sougename a useful combination in rheumatic neuralgia. C. H. HUGHES, M.D.

T. S. BELL, M.D.

St. Louis, July 20, 1883.

In strictly neuralgic forms it is unexcelled.

NEW ORLEANS

MEDICAL AND SURGICAL JOURNAL.

AUGUST, 1884.

PRIGINAL PAPERS.

On Malaria and the Relation of Micro-Organisms to Disease.*

By Dr. Robert B. S. Hargis, Pensacola, Fla.

The extent and diversity of the literature bearing on the subjects I have very briefly to discuss on the present occasion, and the vast number of observations and researches relating to them, crowded within but few recent years, render it impossible for me to do more than point to the general conclusions of real practical interest to the physician, who pursues his calling with something more than due attention to cases demanding his professional assistance.

With a still sparsely inhabited State, it may be hazardous to generalize on the special features of the endemics of Florida, especially as compared with other parts of this and other lands. I cannot, however, overlook the contrast, altogether in favor of our own peninsula, when the analogous tongues of continents, viz: Italy and Florida, are considered in relation to malaria.

Hertz justly says, "Italy is, beyond question, the most malarious of all European countries."

The Garden of Europe is situated between the Adriatic and Mediterranean, and severed longitudinally by the Apennines, which rescue the people, with their flocks and

^{*} Read before the Florida State Medical Association.

herds, during the summer season, from the malignant emanations of lowlands and marshes. You are all aware that it is in Romagna that Tommasi and others have studied the supposed microscopic germs of widely pervading agues and virulent remittent fevers. It is near Rome itself, in the recent States of the Church, that the dreadful Roman fever kills annually many who dare expose themselves beyond reasonable limits as to time and locality. The ever vigilant native cautions the stranger as to undue exposures to night air, and the emanations of special places. The ague cachexia, leucocythæmia, enlarged spleens, and so forth, are met with at every turn, where in ages gone by agriculture flourished, and an enlightened policy peopled lands, which have for centuries been depopulated, first in the common fall of the great Roman Empire, and next by the insurmountable difficulties of providing a substitute for the slave labor of Ancient Rome, and re-peopling luxuriant lands, which, when now stirred by the spade, after centuries of rest, prove fatal to settlers.

It was prior to, and during, the days of Hadrian, and the two Antonines, that the density of population and agricultural enterprise ensured the balance alone conducive to freedom from local malaria, thanks to wide and profitable cultivation. The Roman Empire was prosperous. Rome may be said to be in the centre of a now deserted region where once the country was one of the richest in the world. Denys, of Halicarnassus, called it the *granary of Rome*. Instead of Pontine Marsh—Pomptina Palus—it was called Ager Pomptinus. Driven by the severity of the laws of Lycurgus, the Lacedemonians found this place so rich and fruitful that, as Tacitus tells us, they consecrated it to Juno Teronia. The very name of the then Capitol, Pometia, sufficiently attests to the soil's fertility.

Professor Léon Colin, in his admirable "Traité des Fièvres Intermittentes," controverts the opinion of De Mathœis, an Italian physician, who has asserted that the Latium and Agro Romano, have always been as insalubrious as they are now. How can this be accepted, asks Colin, when we see the few individuals who visit the Roman Campagna, struck dead (foudroyès) by the malaria, there where in days of old a numerous population thrived. The Romans used to quit the city and live at ease in their villas, which were scattered, where to-day are the most unhealthy regions of the territory. The slaves were so numerous that when it was proposed to discriminate them by a peculiar dress, it was justly apprehended that there might be some danger in acquainting them with their own numbers. In the country they were employed as the cheapest and most laborious instruments of Agriculture. Gibbon, quoting from Pliny, tells us that a freedman under the reign of Augustus, though his fortune had suffered great losses in the civil wars, left behind him three thousand six hundred yoke of oxen, two hundred and fifty thousand head of smaller cattle, and what was almost included in the description of cattle, four thousand one hundred and sixteen slaves.

There is reason to believe that the cultivation of the soil by the slaves was mainly confined to Italy, and more especially to that region within reach of Rome, where the contrast between the salubrity of a climate, actually due to enforced labor is in striking contrast to the persistent insalubrity of that same region, known for centuries as the Ecclesiastical States, which Garibaldi wanted to drain, and in which some interesting experiments have been made of late years by planting the Eucalyptus.

"Lancisi (1717) was among the earlier writers, who recognized the agency of the wind in aiding the spread of marsh fevers, by virtue of its power of carrying material disease germs. He attributes to the influence of the winds the fact that the Roman Campagna became more unwholesome after the removal of the sacred groves, and its consequent greater exposure to the miasm of the Pontine marshes. Similar testimony may be found in all ages and of the most varied kind.* I have recently shown† that

^{*} Ziemssen's Cyclopædia, vol, II, page 571. † New Orleans Medical and Surgical Journal, vol. XI (May, 1884), page 377.

Prof. J. L. Riddell, of the University of Louisiana, promulgated the idea that the matter of contagion is of an organized nature. He was undoubtedly correct when he ascribed the rising of the microscopic particles from the soil to the influence of watery vapor.

Prof. J. K. Mitchell, of Jefferson Medical College, Philadelphia, wrote in 1849 a very remarkable little work on the cryptogamous origin of malarious and epidemic fevers. On his title-page he quotes Sir Gilbert Blane, who says that "infection may be aptly compared to the seeds of vegetables or the eggs of animals." Dr. Mitchell advocated the fungous origin of fevers. He opposed the marsh theory as generally understood. He points to the healthfulness and complete freedom from intermittents in the Polynesian Islands, although the officers and men of the Exploring Expedition to the Southern Ocean, under Capt. Wilkes, lived and slept in the midst of marsh stenches and mosquitoes, when the days were hot and the huts open and exposed. As a curious contrast, Bishop Heber's description of the wood tracts of Nepaul and Malwa may be quoted. They had neither swamps nor perceptible moisture, and were in summer and autumn so pestiferous as to cause their abandonment even by the birds and beasts.

Dr. Mitchell says: "The only theoretic view of malaria to which I incline is that which refers marsh fevers, and some of the epidemic diseases, to a living organic cause, capable of reproduction by germs." "The insalubrity of a place," he says, "has the most constant relation to the habits of the living vegetation."

According to Dr. Mitchell's hypothesis, we can "easily explain the arrival of the annual morbid organism, after the rains of one country and in the rains of another. Whether hot or cool, wet or dry, the sickly season is the harvest time of the fungi which lie, tied by time and not by circumstances, until their customary period of activity has arrived; when, more or less stimulated by moisture and food and elasticity, they show a feeble or a strong fecundity."

Prof. Mitchell ascribes the pernicious fevers of the Campagna di Roma, in which is included the Maremma, to the surface of the latter being formed throughout of volcanic tufa, which, when sufficiently softened, forms a pasturage on which feed large herds of cattle. It contains the finest pastures of Italy, on the soil of which are commingled the ordure of cattle and the disintegrated tufa. The former is known to be a favorite growing ground of the fungi, and the latter is even better calculated for the same offices.

A rich humus in a land of average high mean temperature, limited water-sheds, interspersed with marshes, ensures a condition of things highly unfavorable to human life. Migration from hill to dale and valley to mountain plateau has to be practised with the utmost regularity, and neglect means loss of life.

Monfalcon, in his Medical History of Marshes, published in Paris in 1826, specially refers to the fertile Island of Sardinia gradually falling into decay from agricultural decadence. Neglected lands becoming marshy threatened to depopulate the island. The abundant products of the soil seemed only to grow to perish, putrefy and poison the atmosphere. The malignant buboes on this island, recurring each summer, point to the close relation between malarial fevers and true plague.

Now in Florida we cannot claim the records of an ancient civilization. Its Indians were, no doubt, always subject to those rheumatic and aguish affections which shortened life and prevented a numerical increase, justified by the soil's immense fertility.

Situated between the Mexican Gulf and the Atlantic, washed by the hottest part of the Gulf stream, and approaching in parts to a truly equatorial climate, the comparative freedom from malaria, except in well-defined localities, is worthy of reflection and close study.

Most of the conditions which breed the dreaded jungle fever of the East Indies, and the malignant endemics of the Gold Coast prevail here, but with the balmy trade winds we have a tremendous rainfall. The dangerous land is submerged, till man reclaim it by drainage, favored as this is by countless streams shedding their waters into the seas around us. Vast lakes and rivers, some so recently explored with a view to early navigation, favor a development of animal life typified, amongst other creatures, by huge and abundant saurians, all tending to a balance as healthful to the climate as it may be said to be grand and mysterious in its origin and effects.

The fatal centres, such as Lind described on the Escambia, are but imperfectly known to us, though as Northern people have advanced further and further into the State, few have been the developments of local disease calculated to create alarm, or even suspicion of insalubrity.

The conditions in our State indicate that settlements may be safely initiated, and immigration has none of the dangers to face which lead men to shun the Campagna or the deadly river banks of the African coast.

Nevertheless, we must record that enterprise is often attended by malarial manifestations which might easily be prevented. Saw mills constitute essentials in a new community, and soon the dust accumulates so that it must be spread far and wide, helping to make road-beds and too often fetid quagmires. The healthiest spots adjoining piney woods become, during a wet season, dangerous to the new comers.

Nowhere better than in the vicinity of Pensacola can these conditions be studied, and hard as it is to raise one's voice against a system affecting vested interests, I have no hesitation in saying that measures should be adopted for otherwise using sawdust than distributing it broadcast to putrefy and engender common and even virulent intermittents.

It is usually found, when the sanitarian is compelled to suppress the nuisances of noxious trades, fortunes are made out of refuse previously contaminating air and soil. There is no doubt in my mind that if compelled to burn sawdust, a practice partially adopted in producing steam, the proprietors of saw mills would reap an advantage in the salubrity of their surroundings; but valuable products may be obtained by distillation and the sale of wood spirit, or by the manufacture of wood pulp for the paper makers. New industries might therefore arise from the hygienic demand that no sawdust be allowed to rot on lands and roads unfit for its destruction without injury to man.

The creation of hot-beds of malaria is a sufficiently serious matter to enlist the attention and coöperation of all men who love their state and country. That which may be done with impunity in Northern lattitudes cannot always be indulged in near the Tropics. If nature struggles to effect a salutary balance between organic or inorganic matter—between the living and the dead—whereby we are saved the devastating scourges of other lands, how unwise it is for us to neutralize her efforts!

I am aware that the sawdust question is a delicate one everywhere, both North and South, but whereas in cold dry climates it is a matter simply affecting the miller's pocket, it is in moist and warm latitudes a matter of paramount importance to every human being.

The salient facts never to be forgotten are that drainage and cultivation, such as have freed the Eastern counties of England—the old fen lands—from malaria, are adequate for this purpose anywhere, if efficiently carried out. Relapse from adequate cultivation has created pernicious fever nests in Southern Europe. Here, as yet not widely felt by us, nor adequately appreciated, the dissemination of dead organic matter—sawdust especially—on otherwise healthy soils, is the one factor to my knowledge rendering once healthy spots the seats of ever recurring intermittents.

Before entering on the general discussion of the germ theory in relation to malaria, I desire to say a few words as to wind and rain.

In Italy a stifling wind wafted from over the desert of Sahara, and sweeping over the malarious regions, is said seriously to aggravate the endemics. Gentle and local winds are well known to carry the marsh effluvia to neigh-

boring altitudes. That the poison lies low is a matter of common belief, and the ground-floor of a house is always regarded as more dangerous to live in than the floor above. Fires are constantly kindled to drive the foul air from the dwellings, but it would appear that there is a far closer relation between dampness and malaria than between distant atmospheric currents and its spread. The hot "Scirocco," or African wind blowing over Italy, is attended by a close stifling and muggy weather. Dessication is arrested and the concentration of effluvia is therefore favored.

With us the trade winds, washed and rewashed incessantly by tropical rains, fighting from opposing quarters for supremacy, until mutually arrested in the calm belts, seem to produce no such effects as are attributed to the winds of the desert. The winds box the compass daily in Pensacola, and in my judgment have no influence in the diffusion of malaria, beyond the very limited propagation of a few hundred yards, so constantly referred to by observers in all lands.

The Italian word malaria signifies bad air, but there is reason to believe that the poison is not necessarily and alone atmospheric. Lancisi gave us the expression effluvium for marsh emanations. Monfalcon was probably the first to use the last two words as more specific than effluvium, and he approved of the practice amongst American physicians of restricting the word "miasm" to physio-pathological products derived from sick men or sick animals, whereas the "putrid emanations," such as marshy exhalations, come from dead matter undergoing decomposition.

There is no doubt whatever as to the diffusion by moving air of dangerous matter, invisible to the naked eye, originating on putrefying soils, and producing periodic fevers.

Probably the most interesting data relating to the diffusion of malaria by breezes we owe to Dr. G. Devron, of New Orleans. Louisiana is the home of very serious agues, but New Orleans ranks as one of the safest cities in

which surgical operations may be performed, thanks to marked atmospheric purity. Where the city stands the ground is practically sealed, but beneath is a constant ebb and flow of abundant water, charged with living organisms, and constantly receiving, destroying or discharging products which might otherwise infect the air. Malarial fevers are rare amongst the residents of New Orleans. People from the country and people living on streets in a line with winds direct from swamp lands are occasionally attacked with agues. As Dr. Devron has shown, the inhabitants of the cross streets whose dwellings cannot be directly affected by the prevailing winds from the marsh are singularly exempt.

But less is known of the influence of water in propagating ague. There are extensive regions, such as the Dismal Swamp, where abundant decay would point to prevalent malaria. But the character of the vegetation, of the submerged decaying substances, coloring brown, as they do, the most wholesome waters that man can drink, completely set our anticipations at naught. In slave times, runaways thrived in the Dismal Swamp, whereas in many neighboring parts they were subject to ague. The opinion was therefore formed that there was a connection between the water used for drinking purposes and the development of the disease.

We have to use wells in the country, and where large quantities of vegetable refuse are strewn about to decompose, we cannot hope to have as wholesome drinking water as if contamination were carefully guarded against.

Abundant rains would wash the products of putrefaction into the soil, and whilst purifying the atmosphere, might poison a water supply.

I have not time to pass in review the history of the many lands scourged by local pernicious and periodical fevers, but I desire to direct special attention to the fact that superabundance of surface water prevents malaria, where in dry seasons serious outbreaks may occur. In specially hot countries, dense clay retentive soils favor dangerous efflu-

via, whereas in wet seasons even porous soils of special character and fertility, or artificially contaminated, as by sawdust, breed malaria. Professor Mitchell says: "Atrican writers believe that the rains are the immediate producers of malaria, for they descend in torrents in July, when the vegetation of that torrid climate is on the decline. On the other hand, the Sardinian supposes that the sickness of his hot and dry autumn is the result of the heat and aridity, and that droughts after rains, and not rains after droughts, cause his miasmata."

"In the *Insular* West Indies, there are heavy rains in "August and September, which are sickly months; where"as the pestilential season of Demerara is also in August
"and September, although they are there, the dry
"months."

The rank vegetation of the tropics under the influence of intense heat and moisture is the most prolific source of specially malignant effluvia, but we can point to Alabama, the Carolinas and other parts where the "yellow disease" scourges humanity to a degree that few would believe who had not personal experience of the matter, and where the comparative dryness of the Campagna may often be noticed.

We may now turn to the nature of marshy emanations, and trace the steps which have led up to a prevalent belief in living and floating bodies penetrating with the air the human system. Varro recognized in marshy emanations myriads of minute organisms invisible to the naked eye which entered the lungs in the act of respiration. Columella, Palladius, Vitruvius, and the great Linnæus, favored this view. Monfalcon, who discards this view as untenable, refers to Volta's discovery of inflammable marshy gas whilst staying near Lago Maggiore in Italy, refers to the researches of Thénard, Dupuytren and Baumes, and points to the chemical theory of dangerous effluvia, a theory which he pronounces as purely arbitrary. Claude Baumes in 1822 attributed fevers to a principle which he called 16 septon?' in the atmosphere.

As far back as 1810 and 1811, M. Rigaud de L'Isle made some chemical and physical researches on malaria in the States of the Church, and the materials condensed on plates of glass with the vapor rising from the marshes, were analysed by Vauquelin. He found flocculent organic matter in the liquid, but no facts of practical importance resulted from the examination.

After this, Count Moscati, of Milan, was commissioned by the Italian Government to analyze the atmosphere of the Milanese rice grounds, and to discover the qualities of the exhalations they produced. He observed that during the day-time in summer, and after sunrise, these presented nothing at all different from the common exhalations of the earth; but having suspended in the evening, at three feet above the surface of the soil of a field of rice, some glass globes filled with ice, on the morrow at sunrise he collected from the external surfaces of these globes, the vapors which had been condensed thereon, and placed them in bottles. A few days afterward he discovered a flakey matter floating on the surface of the liquid, which he found albuminous. Similar results were obtained from the air of the wards of the Hotel Dieu at Milan.

Dr. Adam Neale, from whom I have quoted Moscati's experiment, wrote a work in 1831 to establish the truth of the Linnæan doctrine of animate contagions, which may be said to have anticipated in a general way the favorite germ theories so recently investigated under more favorable conditions, especially as to microscopic inquiry, than was possible in Neale's days, much less in those of Linnæus.

From time immemorial has the human mind searched the infinitely small, and mysterious particles, and supposed that they came nearer the final cause of endemics, as well as contagia and epidemics in general.

Is it proved to-day that the well known marsh gas, no less than the floating atmospheric particles, may not serve to lower the stamina of man and favor the development of ague? The infinitely complex nature of malaria has so far

defied investigation. The germ of the disease is to all intents and purposes unknown.

We must admit that the detection of an ague poison, animate or inanimate, can only be made by watching its physiological effects. Crucial experiments are essential, and little can we add to-day to Lancisi's statement, that in all probability the floating atmospheric particles of malaria are the active agents in producing the disease.

And why can he venture thus far? Simply from tracing the history of the rival theories of invariable reproduction from preëxisting parents and spontaneous generation.

The great Italian Redi might be styled the Pasteur of his day, for in 1638 he demonstrated that putrefying meat owed the maggots which appeared in it to the eggs of the blowfly, and rejected the idea that life arose spontaneously from putresence.

Needham published a work in London in 1745, in favor of spontaneous generation, since he boiled putrescible substances in hermetically sealed vessels, and found that putrefaction and organic development ensued. But he did not boil long enough, and the Abbé Spallanzani repeating the experiments, applied heat for forty-five minutes and rendered the contents of his bottles barren.

On this, the now universal process of preserving meats, fish, fruits and vegetables in tins or glass jars was based, and Appert, a French inventor, gave a commercial value to Spallanzani's method. There are various ways in which the cooking is carried on. One of the most common is to place cans full of meat in a pan provided with a steam coil, and filled up to a certain level with brine. Each can has a pin-hole orifice left in the centre of the lid, and high pressure steam being passed through the coils, the brine attains to a higher temperature than boiling water. The meats are really cooked at a temperature of about 240 Fahr., and when exposed to this for a sufficient time, an expert tinsmith touches the pin-hole on each lid with a wet towel and drops a dab of solder so as to hermetically seal the apparatus. The boiling is then continued for a little

time, and the tins are then cooled off. As they cool the ends collapse and as long as this state continues the tin is fresh, but if putrefaction sets in, owing to imperfect preservation, the gases distend the vessel and may even burst it.

A simpler plan has been devised of late years by putting a lot of cans full of provisions and hermetically sealed before cooking into a boiler. Steam is admitted into this and allowed to attain a pressure which neutralizes any steam pressure within the cans. They cannot burst, and when sufficient time has elapsed for thorough cooking the steam is shut off and they are allowed to cool gradually under a reducing steam pressure until it is safe to take them out.

I mention these matters in order to show how widely the fact is recognized that protection from floating matter in the atmosphere or from putrefying elements adhering to organic matter effectually prevents the rotting, which on a marsh is the undoubted cause of ague, though probably not due to any specific element, other than the common cause of vegetable decay under the influence of heat and moisture.

In 1837 Schwann showed that the success of Appert's method did not depend on the supposed exclusion of oxygen from contact with the cooked material, but on a principle included in ordinary air which heat can destroy. Schultze confirmed Schwann by purifying the air admitted to his infusions, by passing it through energetic chemical reagents, such as oil of vitriol and caustic potash.

An excellent little work by Mr. Walter Noel Hartley on Air in its Relations to Life, published by Appleton in 1875, contains a succinct history of this question. Mr. Hartley says: "Schræder and Dusch, guided by the experiments of Læwel, which showed that ordinary air was not able to provoke the crystallization of sulphate of soda, when filtered through cotton-wool, applied the same principles to the preservation of infusions, and showed that air filtered through cotton-wool left the liquids unchanged even after

many weeks." Five years afterwards, in 1859, Schræder alone returns to this subject, and after recounting numerous and various very interesting experiments, concludes thus: "It must be admitted that fresh air contains an active substance, which provokes the phenomena of alcoholic fermentation and putrefaction, a substance which heat destroys and cotton-wool arrests. Must this active substance be regarded as formed of organized microscopic germs disseminated in the air? Or is it a chemical substance still unknown? I cannot tell."

In 1859 Pasteur set himself to investigate this question, and in 1862 published his results, which point to an invisible presence of solid matter in the form of minute particles in the air essential to fermentation and putrefaction. Pasteur drew air by means of a water aspirator through soluble pyroxiline, or cotton-wool which has been steeped in a mixture of strong nitric and sulphuric acids, and afterwards carefully washed and dried. It is then easily soluble in alcohol and ether, and any imprisoned atmospheric particles can readily be obtained for microscopic slides. Organized particles were thus obtained closely resembling the spores of the most common fungi. Iodine revealed starch in air granules. With great experimental skill and industry Pasteur investigated the silk-worm disease known as pébrine, and discovered the means for its prevention.

Much more than this has been done in revealing the fundamental transformations produced by depriving lower organisms of air or exposing them freely to oxygenation. The cultivation of mild forms of definite parasitic elements and the possible weakening of the action of specific animal poisons are matters of profoundest interest to the physician.

But we are specially dealing with malaria, and have so far indicated that the assumptions based on the elements of organic decay floating in the air, or on the definite spores of fungi as indicated by Prof. Mitchell, can scarcely be regarded as revealing more with regard to malaria than the general facts of its propagation in different localities irrespective of microscopic investigations. Baxa, writing in 1866, referred intermittents to low cell-like structures in drinking water. Balestra ascribed them to a species of algæ in the Pontine Marshes. Salisbury in 1866 wrote on the algæ cells of the species palmella, and the same year Hannon in the Brussels *Journal of Medicine* declared that he was attacked with an intermittent of six weeks duration whilst devoting himself to the study of the sweet water algæ, during their fructification. Harkness refuted Salisbury's views in the Boston *Medical and Surgical Journal*, and said he found the palmella spores in the snow, and at the summit of the highest Alps. He claims that they may very readily become mixed with the saliva and the urine from without, at the same time having nothing at all to do with malaria.

By far the most important researches of recent times are those of Klebs and Tommasi Crudeli communicated on the first of June, 1879, to the Academy of the Lincei, and entitled, "On the Nature of the Specific Agent producing Malarial Fevers." The investigation was determined on by these gentlemen after the meeting of Naturalists held in Cassel in September, 1878. They start out with the declaration:

- 1. That in those regions where the opportune conditions of heat and moisture occur for the development of these diseases the true causes must be sought in the soil.
- 2. That when the surface of the soil in which the poisonous principle has developed, dries, evaporation from the sub-strata becomes very active, and the noxious matter may ascend into the atmosphere to different heights under the influence of ascending ærial currents.
- 3. That this substance, the cause of malaria, does not develop equally in soils of like composition and like humidity. This has repeatedly led to the belief that the cause was a specific organism, which requires for its development, not only favorable external conditions, but likewise the presence of a germ, capable of giving it birth.

Great pains were taken by Messrs. Klebs and Tommasi to avoid any fallacies and misconceptions. For details, I

must refer you to their original paper. Their main results indicated—

- 1st. That the poison always exists in great quantity in the soils of malarial regions, even during the seasons of immunity from disease.
- 2d. By forced currents of air against glass coated with moist gelatine, the poison can be collected close to the ground.
- 3d. Stagnant waters of malarial regions do not seem to be charged with the morbific poison, although they may, as in the lake of Capro, be exceedingly rich in the lower organisms. On the other hand, a large quantity of water interferes with the development of the malarial poison.

They inoculated rabbits, with the following results:

- a. The injection of liquids, obtained direct from the soil, from artificial culture, and the residues of (inoperative) filtered liquids, gave rise to typical intermittent fever.
- b. The filtered liquids, even when simply passed through double filtered paper, failed to produce the disease.
- c. In all the animals injected there was marked enlargement of the spleen up to nine and ten times its normal size.
- d. The organisms which seem to constitute the true cause of malaria, since they are found in the soil, in the air, in the infected liquids, and in the bodies of the animals, belong to the genus Bacillus. Numerous spores, which strongly refract the light, having an elongated oval form, with a maximum diameter of 0.95 millimetres, constitute the active principle which Klebs and Tommasi have called bacillus malariae.
- c. This plant demands the presence of oxygen for its development. It does not develop in water, but it does in liquids rich in nitrogenous substances, such as solutions of gelatine, of albumen, urine, and liquids of the human body.

The chief development of the bacillus in the body is in the spleen and bone-marrow—precisely where the lesions characteristic of the disease are met with. The authors found in some cases long and homogeneous filaments 0.06 to 0.084 millimetres in length and 0.0006 millimetres in diameter.*

The London Lancet for November, 1881, refers to M. A. Laveran, as having found parasitic organisms in the blood of patients suffering from malarious poison. M. Laveran regarded it as an animalcule, existing at first in an encysted state, and the perfect condition becoming free in the form of mobile filaments. These filaments suspend their motion when a drop of a solution of quinine is added to blood containing them. M. Laveran examined the blood of between one and two hundred patients. He discovered modifications of the blood corpuscles and pigmentary matter scattered in a way that points to the importance of an observation made by Dr. W. A Hammond, of New York, about ten years ago. He found pigmentary deposits in the brain from malarial poisoning. This seems to account for the bronzing in the anæmia of paludal cachexia. According to Virchow, Dr. Stiebel was the first to notice the occurrence of pigment cells in the blood, and Merkel, Virchow and others have discovered numerous pigment cells in that fluid, in connection with malarial poisoning and hypertrophy of the spleen. Exceedingly careful blood examinations were reported by Kelsch in the "Archives de Physiologie Normale et Pathologique," second volume, second series. He adopted the Malassez process for counting the blood corpuscles and he found that few maladies are capable of diminishing the number of the red corpuscles like the periodic fevers. In health there are about 5,000,000 to every cubic millimetre, whereas in twenty or thirty days of fever they may descend to 1,000,000, or even as low as 500,000. The white corpuscles likewise diminished, notwithstanding the increased size of the spleen, but this was uncertain and sometimes the white corpuscles increased in number. Kelch studied likewise the pigmentary changes. In twenty-four cases of fever he found the pigmentation

^{*} Rivista Clinica de Bologna, 2nd series, 1879, page 190.

twenty-four times, both in the blood from puncturing a finger and in that of the veins after death. He found the pigment in fever cases in the spleen and bone-marrow; in the hepatic capillaries; in the brain, lungs, kidneys, heart, muscles, and coats of the intestines; and lastly in the capillaries in the lymphatic glands. He does not accept unconditionally Virchow's view that the source of the pigment is in the spleen, for he has seen it abundant throughout the system, and scanty in the spleen.

The latest and most important contribution in the direction of Klebs and Tommasi's researches has just been published by C. Gerhardt on Inoculations of Intermittent Fever. Gerhardt instituted experiments on two healthy individuals with the inoculation of the blood of a patient suffering from intermittent fever; he took the blood at the commencement of the paroxysm. The following precautions were observed:

- I. The place in which the experiment was performed was free from malaria.
- II. The patient from whom the material for inoculation was obtained was free from other communicable diseases, e. g., syphilis
- III. The person inoculated thoroughly understood the nature of the experiment.
- IV. The march of temperature of those inoculated was observed for a long time before the inoculation and showed an absence of fever.

The experiments gave the following results:

- 1. The cause of the fever is transmissible by means of the blood drawn at the commencement of the paroxysm.
- 2. The intermittent fever produced by such inoculation of blood differs from that arising in the usual manner in having an irregular subsidence.
- 3. After a number of single attacks, or groups of attacks, a somewhat regular quotidian fever developed on the twelfth day in one case, and on the twenty-fifth day in the other. The type of the fever corresponded with that of the original case,

- 4. The intensity of the disease was in both cases so great (temperature 105.9 lasting twenty-four hours) that the experiment had to be cut short by the administration of quinine.
- 5. The attacks commenced, with few exceptions, in both persons at the hour of inoculation, or else obtained their acme at this time.

It was difficult to determine the time of incubation. The first febrile movement appeared in one case on the seventh and in the other on the twelfth day. The severest attack of fever began on the seventeenth and twenty-fifth day respectively.*

With the dawn of human thought the source of life was likewise viewed as the cause of disease and death. This view found expression in barbaric ages, as it does to-day in barbarous countries, by erecting gods to be propitiated for the check of pestilence. Lucretius in his great poem De Rerum Natura, was the expounder of the Epicurean doctrine well known to all as the atomic theory of the Greeks. This school was materialistic, but it simply enforced the great truth that nothing is known to us but by the properties of the constituent elements of the universe. All comes from the common stock.

It is quite impossible for me to attempt even a sketch of the origin of the numerous theories concerning reproductive diseases, other than those essentially parasitic. We are now passing from that medical era in which medical opinion has been settled by a show of heads and hands. It is so easy to look learned and say it is my opinion that ague is a cryptogamous disease, or that it is due to animal-culæ or that it is due to bacilli, but Pasteur, most conspicuous and indeed the unrivalled introducer of the scientific method in pathological investigation, has taught us how by international coöperation the complete elucidation of the essential nature of ague could in the course of time and by laborious research be undoubtedly attained.

^{*}The New Orleans Medical and Surgical Journal, May, 1884. A translation from the Deutsche Medizinal Zeitung.

When I read an address by the President of the State Board of Louisiana and I find him imposing his own opinion on those with whom he may have influence, as to the possibility of yellow fever originating in any part of our glorious country, I experienced deep regret that he knew so little of that cycle of nature which renders New Orleans one of the safest cities in the world wherein to perform surgical operations. Stone, and more particularly, the great Dr. Andrew W. Smythe, have well known how to take advantage of conditions in the Charity Hospital, which are perhaps unrivaled in this country for surgical success, owing to freedom from surgical fevers and affections.

It is our bounden duty to exert ourselves in reading the Book of Nature, and discarding authorities who pass as such on the simple basis of their own opinions.

What I mean by this you will readily understand if I conclude this paper by the quotation of a cable dispatch to the Cincinnati *Commercial Gazette* of May 20th, which opens up such a glorious vista as to make us feel that we are at the dawn of a broad and true scientific pathology:

Special Cable to the Commercial Gazette.

Paris, May 19—M. Louis Pasteur, the celebrated French chemist, claims to have made a discovery of the most vital importance—nothing less, in fact, than a complete cure, or rather antidote, for hydrophobia. In an interview with a *Figuro* correspondent, M. Pasteur says:

"Cauterization of the wound immediately after the bite, as is well known, has been more or less effective, but from to-day any body bitten by a mad dog has only to present himself at the Laboratory of the Ecole Normale, and, by inoculation, I will make him completely insusceptible to the effects of hydrophobia, even if bitten subsequently by any number of mad dogs. I have been devoting the last four years to this subject. I found out in the first place that the *virus rabique* loses its intensity by transmission to other animals. With the rabbit, for instance, the *virus rabique* increases: with the monkey it decreases.

My method was as follows: I took the virus direct from the brain of a dog that has died from acute hydrophobia. With this virus I inoculated a monkey. The monkey died. Then, with the virus—already weakened in intensity—taken from this monkey, I inoculated a second monkey. Then, with the virus taken from the second monkey, I inoculated a third monkey, and so on, until I obtained a virus so weak as to be almost harmless. Then, with this almost harmless virus I inoculated a rabbit, the virus being at once increased in intensity. Then, with the virus from the first rabbit, I inoculated a second rabbit, and there was another increase in the intensity of the virus. Then, with the virus of the second rabbit I inoculated a third rabbit, then a fourth until the virus had regained its maximum intensity. Thus I obtained virus of different degrees of power. I then took a dog and inoculated him first with the weakest virus from the rabbit; then with the virus from the second rabbit, and finally, with the rabbit virus of maximum intensity. After a few days more I inoculated the dog with the virus taken directly from the brain of a dog that had just died of acute madness. The dog upon which I had experimented proved completely insusceptible to hydrophobia. The experiment was frequently repeated, always with the same successful result.

"But my discovery does not end here; I took two dogs and inoculated them both with virus taken directly from a dog that had just died of acute hydrophobia. I let one of my two dogs thus inoculated alone and he went and died of acute hydrophobia. I subjected the second dog to my treatment, giving him the weakest and ending with the strongest. This second dog was completely cured, or rather became completely insusceptible to hydrophobia."

M. Pasteur then went to a kennel and caressed a dog that had undergone this latter operation. "Voyez," said M. Pasteur, "comme il est bien gentil. Whoever gets bitten by a mad dog has only to submit to my three little inoculations, and he need not have the slighest fear of hydrophobia."

The Treatment of External Aneurism by a New Method of Applying Partial Direct Compression.*

By ERNEST LAPLACE, M. D.

The appliances now in vogue for the treatment of external aneurism by compression are the compressors of Tuffnell, of Carte, of Charrière, of Briddon, a full description of which would be tedious and out of place here, as every text book on Surgery gives this information, besides a figure of them.

Suffice it to say, that they all resemble one another, being constructed on the very same principle—that of compression by means of a pad, screwed down upon the tumor, and a soft leather cushion or some analogous material for counter-pressure. In all the amount of pressure is regulated by a screw, rendering the pressure unyielding and causing that amount of pain which has always been the chief objection to the use of compression, and which is only overcome by the free administration of anæsthetics and opiates.

In Carte's compressor, vulcanized rubber, and in Charriére's, a steel spring decrease somewhat the unyielding nature of the compression; but with all this, pain remains yet the chief objection to their use. Besides, the collateral and venous circulations are often impeded so as to render the limb ædematous and gangrenous.

These objections, added to their costliness, are serious and weighty, having certainly more than once led to the use of the ligature in spite of the great superiority of the treatment by compression, both as to its intrinsic worth and conservative nature.

Digital compression with the great tediousness attending its application and the Esmarch method of general compression, having for their object the coagulation of blood within the sac, we will not discuss, authors having already established the superiority of the cure by direct compression inducing the laminated deposit of fibrine to strengthen the walls of the sac without obliterating the vessel.

Gradu ating Thesis (abridged) Med, Dept. University of La., March, 1884.

The treatment by flexion has numerous votaries from the simplicity of the method and the permanency of the cure, which is effected by the deposition of laminated fibrine. But when we consider the pain resulting from the limb being thus tightly flexed and the impediment to the circulation, we are disposed, notwithstanding the few cases of success on record, to award this method the merit of originality, rather than the credit of usefulness.

As for the comparative value of the ligature and of direct compression, Erichsen concludes that, "though in some few cases neither ligature nor compression can be adopted, and amputation is the sole resource, yet in others compression can be employed when it would not be safe to have recourse to the use of the ligature, and that in all ordinary cases, popliteal aneurism especially, compression should be preferred to the ligature, in as much as it is not more tedious but is at the same time an infinitely safer method of cure."

Having thus established that authors agree on the superiority of direct partial compression in cases that do not de natura require amputation, I will now describe the method of applying it, which I have used in the wards of the Charity Hospital.

My aim was to meet the objections found in all the methods of direct compression in present use, viz:

1, pain; 2, impediment of collateral and return circulation; 3, the difficulty of properly regulating the pressure; 4, the cost.

The pad used is a square piece of cork about 1½ inches thick and varying in size according to that of the aneurismal tumor to be treated. The cork is hollowed out, so as to fit the size of the tumor. The excavated side of the cork is then padded with absorbent cotton and covered with lint. This is carefully applied to the tumor so as to encapsulate it, as it were. The limb is then placed in a semi-flexed position and an ordinary figure-of-eight roller be ndage tightly and regularly applied around the joint, taking care that it covers and thoroughly supports the pad over the aneurismal tumor.

It is now evident that an effort of the patient to extend or flex the limb must increase or diminish the pressure at will. This advantage secures him against all pain; for, though directed to keep the greatest pressure endurable, still, by the least flexion he will instantly rid himself of the pain. We have, therefore, overcome the two most serious objections presented by other methods, viz: pain and nonregulation of pressure.

It will be noticed that in this method the impediment to collateral and venous circulation is *ipso facto* reduced to a minimum. For, whilst on the one hand the pressure is wholly applied to the tumor itself, the counter pressure is spread by the upper and lower branches of the figure-of-eight bandage over a large portion of the circumference of the limb above and below the joint. Besides, flexing the limb relaxes the bandage everywhere and relieves whatever congestion would possibly occur.

The fourth objection, viz: the cost of the instrument, is certainly wanting in this method, which does not necessitate the expenditure of more than a few cents.

The pad above described has the advantage of combining lightness with firmness. The superiority of the concavity of the pad over the convexity of ordinary pads will be easily understood, when we bear in mind the object we wish to accomplish.

The ordinary leather or wooden pads being hemispherical, or nearly so, tend to evacuate the aneurismal sac of its contents and immediately flatten out the walls of the tumor, so that if fibrine should be deposited on the compressed walls, they would yield again as soon as compression is removed.

The concave pad, on the contrary, acts as a general support to the tumor, to which support is added the compression by the figure-of-eight bandage; so that, we here imitate nature, which would in such a case prompt us to grasp the aneurismal tumor in the hollowed palm of our hand. By this means, therefore, blood is still allowed to circulate (though retarded) through the tumor, but this

being gradually compressed causes a whirlpool or "vortex sanguinis," as it were, within it, and thus favors a maximum deposit of lamellated fibrine, by the union of the fibrinogen and fibrinoplastic elements of the blood.

As the tumor diminishes in size, more and more layers of lint may be applied over the cavity in the pad, so as to diminish it *pari passu* with the decrease of the size of the tumor. If well applied, the figure-of-eight bandage will be found to stand firmly for a week at least, and if necessary could be consolidated by the application of a pin here and there. It will be prudent, however, to remove the bandage at least once a week, so as to watch the progress of the case, and apply the bandage anew and more firmly.

We have therefore embodied here the exact method of nature's spontaneous cure of aneurism. For neither in the spontaneous cure, nor in the method just described, can any accident occur; never the least inflammation or tendency to retrogression. This is the reason why the cure effected by the gradual deposit of lamellated fibrine, or the formation of an "active clot," as it has been termed by Broca, is so much more effectual and permanent than that produced by the various means of exciting coagulation of blood within the tumor, or in other words, the formation of a "passive clot."

From what has been said, the figure-of-eight bandage being only applicable to joints, the use of our method limits itself to aneurisms in such localities. But when we consider that, according to statistics, more than three-fourths of all external aneurisms are in the neighborhood of joints, it becomes evident that an improvement in the method of obtaining their cure is of more than ordinary importance.

Besides, I would suggest, that for the reasons given above, a pad such as has been used here be substituted for the ordinary hemispherical pad used in all appliances for direct compression on external aneurisms in other localities.

Case 1. B. L., aged 55 years; a butcher by occupa-

tion, and of a very nervous temperament. On April 2d, 1882, went hunting, and after the fatigue of six hours walk, rested on a log. Whilst in this posture, he suddenly felt a strong pulsation in the left popliteal space, to which, though painless, he immediately brought his hands.

He described it as being a "ball," which beat so violently from the very first, that he would centre his whole attention upon it. On his return home, unconscious of the real gravity of his case, he simply sought rest in bed, thinking, as he himself expressed it, "that he had strained his leg, and that the trouble would soon wear away."

Every succeeding day brought a greater violence of the pulsations, and an increase in the size of the tumor.

On April 14th, unable to bear the pain, and his mind being centred on the aneurism, he sought the advice of a physician, whose sole consolation was that an operation was necessary, and that he could give him no better advice than to enter the Charity Hospital.

On examination, he was found to have a pulsating tumor, bulging from the whole of the popliteal space of the left leg. When the femoral artery was strongly compressed the pulsations would cease in the tumor. It was determined to ligate the femoral artery at the apex of Scarpa's triangle; but when the moment arrived and all was in readiness, it was discovered that the patient had a distinct murmur of mitral regurgitation, and extensive atheromatous degeneration of the blood-vessels, having been a sufferer from chronic rheumatism. These facts plainly denoted that the risks to be incurred by the operation greatly overbalanced those of leaving it undone.

Compression was then resorted to by the surgeon of the ward, and to this end, flexion was employed. After an hour, the pain occasioned by this method became so unbearable that the patient tore off the bandage and sought relief by extending his leg. He protested against my reapplying the same dressing and expressed his preference to leave the hospital rather than submit.

With a view of exercising compression in a manner that

would be endurable, and, at the same time, combine all its desirable effects, I improvised the method already described. The limb being somewhat flexed, the concave pad and figure-of-eight bandage were applied at I P. M., April 19th, and the patient directed to vary the pressure at will according to the amount of pain he would experience, by extending or flexing the limb. This, he did faithfully; "in my anxiety to improve," said he, "I bend my leg and lessen the pressure, only when I feel unbearable pain."

April 20th.—Patient is satisfied; no pain: no impediment in the circulation. Temperature normal.

April 22d.—The bandage was removed. The tumor, which was formerly the size of a goose egg, has become more circumscribed, has hardened and notably decreased in size.

Elated by this improvement, I reapplied the bandage in the same manner, and the patient was again cautioned to keep as much compression as he could endure.

April 25th.—I again removed the bandage and noticed a further diminution in the size of the tumor: pulsations less violent. The pad was then covered with cotton and lint to meet the diminution in the size of the tumor.

Every third day subsequently the bandage was removed and encouraging observations were met with each time.

Finally, on May 2d, thirteen days after the first application of the bandage, all pulsation had completely disappeared from the tumor, and the patient feeling considerably relieved, and tired of keeping bed, insisted that he was cured and returned home to my great dissatisfaction. This he did with but little difficulty. He was cautioned, however, to keep the bandage on, and to be very prudent in the use of his leg.

Three weeks afterwards he returned to the hospital walking with great ease. I have since been able to ascertain the exact condition of the limb.

The circumference of the knee-joint at the former seat of the aneurism is 1/4 inch greater than in the sound leg,

due no doubt to the fibrinous deposit on the walls of the aneurism and constituting its cure.

Another happy point to be mentioned is, that the circulation throughout the limb is carried on admirably—pulsation being felt at the foot.

Case 2. M. M., aged 32 years, an inmate of a medical ward, where he was being treated for chronic articular rheumatism. Has a mitral regurgitant murmur. In November, 1882, he noticed the artery at the bend of his left elbow pulsating violently; he attributed this to overwork, being a fireman by trade. When first examined the tumor was about the size of a chestnut, whilst right above it was a fusiform dilatation of the brachial artery. The patient would confess that the continued throbbing in his arm prevented the use of the limb to any extent.

The cork pad being hollowed out to correspond somewhat to the shape of the aneurism, it was well softened with cotton batting, and the arm being semi-flexed a regular figure-of-eight bandage was firmly applied. The patient was then instructed to let his arm hang by his side, gravity being sufficient to extend the arm and furnish the requisite amount of pressure. I also directed him at times, whilst seated, to rest his elbow on a pillow and extend his arm supinely over it. He was told never to exert sufficient pressure to stop the pulse at the wrist.

On July 24th the bandage was removed. The tumor was not quite as large and had noticeably hardened.

On July 29th the bandage was again removed, and the tumor was found much smaller, flattened and hard. The bandage was then reapplied and removed twice a week.

The patient never complained of pain, but sometimes of a little numbness in the hand.

On September 3d, five weeks after the first application of the bandage, the tumor was reduced to the size and shape of an almond seed, and of about the same consistency; no more pulsation could be noticed than in the corresponding locality of the healthy arm. Shortly afterward

the patient left the hospital and resumed his usual occupation.

These are the only two cases in which I have had an opportunity of applying this method of treatment, and in both the result has been so encouraging as to warrant its consideration and further trial.

ABSTRACTS, EXTRACTS AND ANNOTATIONS.

MEDICINE.

DOES PLEURITIC EFFUSION ALWAYS REQUIRE TAPPING?

Dr. W. H. Broadbent, in some interesting clinical lectures, reported in the *London Lancet* of May 24 and 31, gives some valuable views on this subject. For the sake of brevity, we have thrown some of his remarks into propositions.

He would make, clinically, two subdivisions of pleurisy with effusion, excluding those cases of hydrothorax and of effusion secondary to heart or kidney disease, to anæmia, cancer or tubercle of lung, or pleura, or to abdominal trouble.

1st. Those cases presenting the signs of uncomplicated

pleuritic effusions;

2d. Those presenting, in addition to these, generally diffused tubular breathing and sometimes agophonic vocal resonance.

In the first class of cases, the elasticity of the lung being preserved, it shrinks before the accumulating fluid, the bronchial tubes collapse, and the usual signs of simple effusion are made out.

In the second, there is associated consolidation of the lung. The lung does not shrink, owing to impaired elasticity, and immersed, as it were, in the fluid, is everywhere near the chest-wall. The solid lung prevents collapse of the bronchial tubes, and the bronchial sound is readily transmitted to the ear through the surrounding thin layer of fluid.

In the first class of cases, tapping is called for; in the second, he thinks it better not to tap, because,

1st. The amount of fluid to be absorbed is really less than the extent of dullness would indicate, and the withdrawal of the fluid not being so quickly followed by expansion, the relief of symptoms will not be so great as in uncomplicated effusion.

2d. The tapping affects little the condition of the lung,

which is probably the primary trouble.

3d. Aspiration might set up mischief, resulting in empyema.

4th. Experience has shown that absorption in these cases is often rapid.

To summarize:-

1st. As a rule, he would not tap until the cavity is full.

2d. Urgent symptoms would demand it sooner. Dyspnea is imperative. Impediment to the heart's action from pressure, disease of the heart, kidney-trouble, bronchitis or disease of the opposite lung, might at any time call for it.

3d. Owing to diminished elasticity, old persons would stand less accumulation of fluid, and require tapping

earlier.

4th. When *diffused* tubular breathing is heard, indicating solidified lung, he would delay, even after the cavity was apparently full, until urgent symptoms demanded interference, for reasons given above.

5th. If a phthisical lung is compressed, it might be well to delay; but if, one lung being phthisical, the other, a healthy one, be compressed, he would recommend tap-

ping early.

ALBUMEN OR ALBUMIN AND ALBUMINURIA.

Several interesting articles have appeared in our exchanges lately on the nomenclature of albumen or albumin,

and the significance of albuminuria.

That of Dr. Millard, in the *Medical Record*, is specially earnest in its protest against the word albumen. He says none of the last dictionaries use the termination—en; that albumen means the white of egg which contains something else besides albumin; and, moreover, if we say albumen, we should also say albumenuria.

On the other side, the *Medical News*, editorially says the word albumen has been in use for centuries to indicate a nitrogenous principle which constitutes the chief part of white of egg, and is found in the serum of the blood, serous fluids, etc., and sometimes in the urine though generally as an abnormal constituent. Some Germans use

the ending in, but they may have gotten the word from the French, omitting the terminal e—albumine. This idea is supported by the fact that the earlier German writers so constantly use the word Eiweiss for albumen. Again, the genitive of Latin words ending in en is usually inis, and therefore albuminuria is correct and not albumenuria.

The two most important papers on the value of albuminuria as a sign of disease, are those of Dr. Gaspard Griswold in the *Medical Record*, June 21st, and Dr. Millard in the same journal, May 31st. These papers appeared so nearly at the same time—Dr. G's paper having been read before a society before being published, that they serve to state two sides without the one being intended as an answer to the other.

Dr. Griswold's paper may be summed up as follows: The blood plasma throughout the body, is constantly oozing through the capillaries, and after accomplishing its purposes, returns to the circulation. In the kidneys the capillaries of the Malpighian tufts and tubules are surrounded by an epithelium, which allows only certain substances to pass through. If, however, this epithelium becomes degenerated then other things, than normal, such as blood plasma, albumen and peptones, may pass through, and be found in the urine. Anything which produces an effect of degeneration of the epithelium may and will cause albuminuria. Simple active hyperæmia will not cause albuminuria, unless it first acts upon the epithelium. Passive hyperæmia usually causes albumen in the urine, because the venous blood cannot nourish the epithelium. For the same reason—their effect upon the epithelium anæmia or certain drugs produce albuminuria. In short, the result of his considerations was that degeneration of the epithelium, variously caused, and varying as to degree and duration, is the cause of albuminuria in nearly all cases. In other words, there is a pathological condition underlying the so-called albuminuria in health, though it may be easily recovered from and may not affect the general health. The temporary appearance of albumen during a cold or after hard exercise, etc., is an indication that the kidney (its epithelium) is affected. Lastly, this condition, though usually only temporary, may become chronic and finally prove fatal.

Dr. Millard says: "The presence or absence of albumen in the urine neither indicates health nor disease." It is not impossible that albumen always exists in the urine,

but in quantities too minute for us to detect by our present means. If, however, albumen appears frequently and in such quantities as the 1-40 to the 1-20, "it may be regarded in the majority of cases as evidence of renal lesion." Dr. M. differs seriously from Dr. G. as to the mechanism of albuminuria. "The theory that albumen makes its way through the capillary plexus and the basement membrane when there is great congestion is erroneous. Many authors state that in parenchymatous nephritis where the epithelia have perished, there is a constant leakage through the basement membrane of the tubules. But the albumen must then make its way through the blood-vessels and structureless membrane. I have shown, too, that when the epithelia perish they are replaced by an endothelial growth. The albumen would then have three membranes, unlike in their formation, to traverse." He adds that albumen cannot, under ordinary circumstances, transude animal membrane. Serum-albumen in the urine cannot exist without changes in the arterial and venous circulation of the kidney. "And it is indeed within the capsule of Bowman that albumen is transuded or secreted." He says it is proved that albumen has existed with changes in the epithelia, and vice versa. He then relates several cases, some to show that albumen may exist without impairment of health, and others that serious renal lesion may exist and no albumen be present. He cautions against supposing these cases may always appear thus harmless, and says it is wrong, because albumen is sometimes found in health, to belittle its importance as a factor in diagnosis or an evidence of renal disease.

CONSTIPATION.

An article on constipation in Squibb's Ephemeris for May, may be thus summed up: Constipation is an undue accumulation in the intestinal canal of excrementitious matter which should be discharged at least once daily. The immediate cause of the kind of constipation under consideration is the dryness and hardness of the residuary matter, which has resulted from over-absorption of the moisture contained in this matter before it reached the large intestine. The average ingesta of a healthy man is five pounds two ounces, of which 79 per cent. is water. The average residue is 5.25 ounces, of which 75 per cent. is water. The object in any course of treatment, then, is to keep these proportions constant. If the percentage of

water in the excreta is below 50 per cent. the intestines can propel it with difficulty, and if below 20 per cent. they can hardly move it at all—the result is obstinate constipation.

The blood naturally is 79 per cent. water, and this water is the solvent and is for both supply and waste. If too much water is secreted by the various surfaces, or not enough is taken with food, then the blood takes it from any source possible, and the most natural source is the alimentary canal. Therefore water must be taken in sufficient quantity, alone or with the food, or in the shape of succulent food, especially fruit. It is stated that after the first stages of digestion—one to two hours after a meal—there is a special call or appetite for water, which should be gratified. Again, exercise often relieves constipation by creating a desire for large amounts of water. Too much clothing by increasing perspiration depletes the blood which supplies the deficiency from the intestines.

The whole treatment summed up is: Take enough water with food and a large glass in the later stages of digestion. Watch for and satisfy an appetite for drink between meals. This should be persisted in for a few weeks. If it fails, add laxative elements to the food, such as fruit, along with exercise. It may be necessary to use some aperient, but only in small doses and largely diluted, and at bed-time or

one hour before breakfast.

Inspissated bile may result from deficiency of fluids. Increased fluids may cure this and the resulting constipation. If not, then a drug which acts especially upon the duodenum, c. g., calomel or some combination of taraxicum or podophyllum, taken preferably at bed-time for a day or two, will often relieve this condition, which can be prevented from recurring by the proper use of liquids.

DR. GOLTZ ON CEREBRAL LOCALIZATION.

At the recent meeting of the German Congress for Internal medicine, Dr. Goltz, according to the New York Medical Record, read a paper on this subject. He reviewed the theories of Ferrier, Fritsch, Hitzig, Schiff and Munk, who, he said, had arrived at only partial truth. In his experiments no paralysis followed the removal of the so-called motor centres, there seemed to be simply a disturbance of coördination; there was no true anæsthesia, but rather, under certain circumstances, a deadening of sensation. Certain reflexes were increased. There was also in old dogs a return of certain reflexes, which had

probably disappeared, owing to the control, which they had learned to exercise. Destruction of tissue in the anterior lobes made amiable dogs vicious and destruction of occipital lobes made vicious dogs mild and gentle. Dr. Goltz presented a dog whose so-called motor centres had been removed in October last. The appearance of the dog bore out his assertions. The dog was killed and Dr. Goltz demonstrated the loss of brain substance.

Dr. Rosenthal, of Erlangen, discussing the paper, said the matter was too well settled to admit of doubt. If experiments did not accord with clinical facts, then the experiments were at fault. Dr. Nothnagel thought the contradiction might be explained by the difference in organization of the human brain and that of the dog.

CHOREA.

An unusual proportion of children, presenting a predominance of paretic over the irritative phenomena of chorea, has come under observation this Spring. In all cases the arsenic treatment failed in the most humiliating way, while the expectant plan and bromide treatment were very successful—if success can be spoken of in this self-limiting affection. Of eleven cases, one had had genuine acute articular rheumatism. — Journal of Neurology and Psychiatry.

THE RATIONAL TREATMENT OF CHOREA.

Dr. John Van Bibber, in the American Journal of Neurology and Psychiatry, calls attention to a rational treatment of chorea. Printed in the transactions for 1878 of the Medical and Chirurgical Faculty of Maryland is a paper by himself in which he suggests a treatment at variance with that usually recommended and practiced. As no notice, either in praise or opposition, has since that time been taken of this plan and as further and more extended experience has convinced him of its superiority over other plans, he thought it well to again refer to and emphasize his views as then expressed. We give the treatment in his own words.

"As the factor of the first importance in this method of treatment is rest, the patient should be confined to bed in a quiet and moderately lighted room, and this seclusion should be so guarded that it cannot be disturbed, and so supplemented that it cannot produce weakness.

Massage by slow and gentle gradations will gradually give the patient ample passive exercise and this should be

rigidly carried out at least three times each day momentary excitement can be lulled by these manipulations, and the attendant will soon learn that this is the best means of controlling the restlessness which always makes its appearance in the afternoon. When sleep does not come naturally to the patient, some means to produce it will be employed, but not until the slowly repeated massage has been given a fair and thorough trial. amount of passive exercise will improve the appetite and thus it will be possible to give nourishment frequently and in ample quantity; and if the manipulations are carried out with care and assiduity, the torpor of the bowels is prevented and no ill effects can result from a prolonged confinement in bed. It will be found best to have the patient in charge of one attendant, whose duty it will be to prevent all unnecessary conversation and to protect the patient from all causes of excitement, and who will carry out each detail of the treatment with honesty and precision.

"As an aid, therefore, to any medical treatment, this system of rest is invaluable, for it places the patient in the best possible condition to be affected by drugs, and being as quiet as the circumstances will allow, the element of habit, which is by no means to be forgotten, is rendered

every day less powerful."

CAN LOCOMOTOR ATAXIA BE CURED?

Dr. G. M. Hammond, of New York, read a paper before the American Neurological Association on the above subject, concluding as follows:

1. That the absence of the patellar tendon reflex in locomotor ataxia is not always caused by sclerosis of the

posterior columns.

2. That sclerosis of the posterior columns may exist without being accompanied by the ordinary prominent symptoms of ataxia.

3. That congestion of the posterior half of the spinal cord may give rise to most, if not all, of the symptoms of

locomotor ataxia.

4. That it is impossible during life to make a differential diagnosis between posterior spinal sclerosis and posterior spinal congestion.

5. That posterior spinal congestion is curable.

6. That there is no evidence to show that sclerosis, once existing in the spinal cord, has ever been removed.

7. That those cases of so-called locomotor ataxia which have been cured are simply cases of spinal congestion more profound in the posterior half of the cord.

In La Cronica Medico-Quirurgica, Dr. C. Finlay, of Havana, publishes some considerations on "Experimental As a result of his studies, he draws the following conclusions:

True yellow fever can be inoculated on the third, fourth, fifth and sixth days of its regular course, by means of the bite of the ordinary mosquito of Havana (culex mosquito).

2. The disease cannot be transmitted on the first two days and after the sixth, no matter what may be the inten-

sity of the symptoms in the latter period.

3. The period of incubation of experimental yellow fever offers the same variations as the natural fever; the periods observed in both forms of the disease being five, six, eight, fifteen, seventeen and twenty days.

4. The duration and intensity of the febrile attack produced by inoculation from a contaminated mosquito, appear to have a direct ratio to the number of bites, and the presumable amount of inoculable matter retained by the pro-

boscis of the mosquito.

This statement is based upon the fact that the intensity of the febrile paroxysms was more pronounced in those cases in which the inoculation was performed with two successive punctures, or with a single puncture by a mosquito which had drawn infected blood from two different patients; whereas a milder attack resulted from the puncture of a single musquito whose needle, thrust only once into the tissues of the patient, must have lost some part of its virulence after having stung a healthy person protected against yellow fever, before applying it to the person intended to be inoculated.

5. Inoculation by one or two punctures of the mosquito in no case determined other morbid phenomena than those

proper to a mild attack of genuine yellow fever.

6. The results obtained thus far permit us to consider the inoculation of yellow fever by one or two punctures of the mosquito, as a possible means of conferring, without risk, immunity against the graver forms of that disease to those who are exposed to infection in epidemic foci.

7. From the fact of the inoculability of yellow fever by mosquitoes, arises the necessity of protecting infected persons against the bites of the mosquito, in order to avoid propagating the disease.

PULMONARY CONGESTION IN CHILDREN

M. Rendu, in a lecture reported in the Gazette des Hospitaux of May 27, says: Formerly pulmonary congestion was considered as an anatomical condition necessarily connected with a general or local disease of the lungs, such as phthisis, the first stage of pneumonia, pleurisy, etc. The labors of Mr. Noillez, however, established that it was not only one of the essential elements of most lung troubles, but had also occasionally a morbid entity of its own. As to the diagnosis of idiopathic pulmonary congestion, its onset is generally sudden and its symptoms variable. It begins mostly with thoracic pains, chills, opisthotonos and greater or less dyspnæa, though sometimes the onset is slow, and the prodromes variable. We may have the lack of appetite and nausea, while dyspnæa, a dry cough, slight tubular breathing and pain in the side may cause us to suspect lung troubles at once. There is more or less fever, general malaise, and even occasionally pulmonary hemorrhage. Again, the disease may approach insidiously with very slight symptoms.

Nevertheless, when we have determined the existence of a tender spot on the side, a febrile state and a dry cough, without vomiting, we may pretty safely diagnose pulmonary congestion rather than pneumonia, which is so often characterized by repeated emesis from the beginning.

The pain may be due to pleurodynia, or to intercostal neuralgia. Sometimes the percussion is normal, sometimes we have slight dullness, very rarely complete dullness. The most general condition is a diminution in the resonance in the lower portion of the lungs with diminution of the elasticity and resistance to the percussing finger. At the same time there is increased vocal fremitus and exaggerated voice sounds. Sometimes the respiratory murmur is diminished, sometimes harsh, sometimes tubular and the diagnosis may be rendered still more difficult occasionally by the presence of crepitant râles. The first phase of pulmonary congestion is an increased afflux of blood which augments the volume of the capillaries of the alveoli and thus diminishes the respiratory space. The patient's troubles may end here or the second phase of the disease may set in; an exudation of serum into the alveoli and a persisting turgescence of the capillaries may superadd a true bronchitis. Thus in the first case we have simple congestion, in the second congestion, exudation and bronchitis. In the first case the physical signs are diminished resonance and diminished respiratory sounds; in the second, in addition, concomitant râles and intra-alveolar crepitation. If the disease is situated in the middle lobe we hear also a soft blowing sound transmitted from the larger bronchi; this is quite different from the harsh tubular breathing of pneumonia.

Sometimes, it is true, we can only differentiate from pneumonia by the progress of the disease. The same difficulty is found when we have to deal with a pleurisy which commences with a pulmonary congestion. Here, however, the pleurisy is secondary and the lungs not being compressed as in the primary disease, the dyspnæa is not as great as

the extent of dullness would indicate.

ULCERATION OF THE TRACHEA AND OPENING OF THE INNOMINATE BY A TRACHEAL CANULA.

At the meeting of the Societé Médicale des Hospitaux, April 11th, M. Heilly presented specimens from this case. Tracheotomy had been performed during an attack of croup. The case went on well with the exception of slight fetor of the wound. After the second day the canula was removed for several hours every day, and on the sixth was removed altogether. On the eighth day the child was apparently well. On the twelfth day profuse hemorrhage set in and death soon followed. At the autopsy it was found that the anterior wall of the trachea had been ulcerated by the stylet of the canula; this also involved the innominate.—Gaz. Hebdom, Med. News, June 14.

D. Unna, of Hamburg, has prepared an intestinal pill. They are coated with keratin, which is not affected by gastric secretions, but is soluble in the intestines.

SURGERY.

SIR HENRY THOMPSON ON THE SURGERY OF THE URINARY ORGANS.

This most renowned of English authors in this special surgery, has engaged to deliver a series of lectures before the Royal College of Surgeons, on Some Important Points in Connection with the Surgery of the Urinary Organs. His lectures will be published in the *British Medical Fournal*. An experience of twenty-five years of active professional service, during which period the clinical history of every case observed was carefully recorded, entitles the author's opinions to much respect. The reviewer abstracts only points of practical interest:

LECTURE 1-Stricture of the Urethra, Internal Urethrotomy.

For the purpose of exploration and diagnosis, in ordinary cases, the lecturer discards all instruments for the solid bougie. He begins the exploration with a sound just large enough to "pass in a healthy urethra without stretching it" any more than a full stream of urine would do. In special cases, for more specific information, he prefers the bulbous-ended, solid instrument, which he has used,

almost exclusively, for thirty years.

After verifying the presence of stricture, the lecturer agrees that the gradual dilatation of the canal to its normal calibre is the only thing needful. This is best accomplished at first by the use of flexible, olive-pointed bougies. For the purpose of extreme dilatation, later in the treatment the lecturer recommends the silvered, tapering, steel sound. This simple process of treatment will suffice for several, sometimes for many, years; and is, therefore, preferable in the early stages of stricture. But whenever there occurs a decided tendency to contraction of an organic stricture, whether "single or multiple, near or distant from the meatus," and the rigid tissues yield reluctantly, then internal urethrotomy is recommended, without delay. The rigidity of obstructing deposits in persons of advanced years, more frequently than in young subjects, call for internal urethrotomy. The operation is particularly recommended in cases of advanced stricture, with disposition to retention of urine, and rigors upon passing the instrument. In the latter class of cases, the lecturer has observed most satisfactory results after internal urethrotomy.

In the selection of a urethrotome, the lecturer objects to any instrument, like Maisonneuve's, in which the knife slides in a groove and cuts mechanically, like machine work. Complete division, it is said, is rarely thus accomplished. He prefers a blade completely under control of the surgeon's hand, that he may exercise judgment in the division of tissue, and may the more certainly divide all opposing structures. For twenty-five years Sir Henry has

used his modification of Civiale's urethrotome. The excellence of this instrument consists of a little blade with a long handle, which allows the exercise of intelligent judgment in making the incision. In contrasting the cut of the grooved knife, widely used, and a little blade, guided by hand, he likens one to the work of a machine, the other to the handicraft of an artist. The lecturer emphasizes the necessity of complete division of the stricture, not only for the present, but the future well-being of the patient. He formulates and insists upon the axiom: "If you cut at all, cut all."

With his urethrotome, guided by hand, the lecturer advises the incision of the stricture from behind forwards. When the stricture is too small to allow the blade to pass beyond, he recommends dilatation to the size of a number 5 English sound, by the retention of a gum catheter from two to four days. The opinion frequently expressed, that a stricture of this calibre does not necessitate urethrotomy, is controverted by the lecturer's experience that the contractility of a stricture, not its narrowness, calls for the operation.

After the internal urethrotomy a metallic sound, 16 to 18, is passed to the bladder; then a 12 to 13 gum catheter is tied in for forty eight hours, or longer, if the incisions have been very deep, or the hemorrhage very free. [In the opinion of the reviewer, the retention of a catheter in the urethra, for the time advised, either before or after the

operation, is a procedure of doubtful propriety.

The advantages of internal urethrotomy are set forth very strikingly. When performed at the right time the operation renders the period of return remote, in the meantime affording comfort to the patient, making regular dilatation more effective and less painful, and warding off, for years perhaps, the diseases which threaten the urinary organs beyond. Internal urethrotomy may be, and should be, repeated any number of times, indeed, whenever the necessity exists. Thus the formation of other strictures, abscesses and perineal fistulæ, and that train of diseases of the bladder, ureters and kidneys, often so terrible, are averted from time to time, perhaps permanently.

The lecture records an experience of 340 cases of internal urethrotomy, with 6 deaths—a mortality of two per cent. "The sum of my experience," he says, "is the expression of a strong conviction that internal urethrotomy, completely performed, should be resorted to as the safest and best treatment of stricture, as soon the easy use of the bougie fails to maintain the urethra patent, or to allay signs of irritation in the bladder arising from obstructed urethra. It is the best means, not only for relieving urethral obstruction, but for insuring the future sound condition of the organs which lie behind it.

LECTURE II-Digital Exploration of the Bladder.

The lecturer, in his second discourse, alludes to the difficulty of diagnosis in certain affections of the bladder; for instance, impacted calculus, incrustations and the growth of tumors within the cavity. In 1880, he first explored the bladder, through a median perineal section, in a case of doubtful diagnosis. An impacted calculus was suspected. A pedunculated tumor of considerable size, incrusted with the phosphates, was discovered and

successfully removed.

The lecturer now advocates a systematic examination of the bladder, by digital exploration, in those obscure and grave cases of cystic disease, in which all other diagnostic measures fail. For this purpose, he recommends the median lithotomy incision through the perinæum into the urethra in front of the prostate. This incision is the shortest and safest route to the neck of the bladder. The lecturer presents a record of forty-two cases of digital exploration of the bladder, of which twenty were cases of tumor. The remaining twenty-two furnish four classes of disease, in which the exploratory incision not only facilitates the diagnosis, but opens an artificial route for the escape of urine, thus temporarily suspending the functions of the urethra and bladder and affording great relief.

1.—The first class consist of cases of inveterate cystitis of long duration, persisting even in the absence of stone, stricture, vesical incompetence, etc., in which all appro-

priate remedies have failed.

2.—The second class include diseases of the prostate, with retention of urine and cystitis. In these cases—none more distressing—catheterism is absolutely necessary, and yet aggravates the suffering. Without an operation many of these cases, elderly men, pass through a period of most terrible torture to the fatal issue.

3.—The third class of cases comprise those of suspected

impacted calculus or adherent incrustations.

4.—The fourth class embrace cases of long duration in which micturition is frequent and painful, sometimes attended with hemorrhage, but in which the urine presents

no abnormalities whatsoever, upon the suspension of the functions of the urethra and bladder; these patients usually recover.

The lecturer reports six cases of digital exploration of the female bladder through the urethra. The slight splitting and rupture, almost inevitable, he has never known to result in permanent injury. The reviewer's experience concurs in the practical value of this method of exploring the female bladder.

SIR T. SPENCER WELLS ON PNEUMOTOMY.

My principal object in writing this letter is to call attention to an extension of the surgery of the thorax beyond the incision and drainage of pulmonary cavities, and to give a very brief sketch of the experiments of Dr Biondi, of Naples, upon extirpation of a lung. He performed total or partial excision of one lung upon 20 dogs, 25 rabbits, 8 guinea pigs, 5 cats, 3 fowls, 1 pigeon, 1 sheep; in all, 63 animals. In 57 either the right or the left lung was completely removed. In 3 dogs, only one lobe was excised. In I dog, I rabbit and one guinea-pig, only the apex of each lung was excised with the interval of a month between the two operations. All these animals recovered.

In a pamphlet published in Naples in 1882 (Estirpazione del Polmone, Contribuzione Sperimentale. Per il Dott D. Biondi. Napoli, 1882: 8vo., pp. 52), Dr. Biondi gives a full account of his method of performing these extirpations —and a report of many of the cases, with the pro gress after operation of the animals. I can only say now that of 66 operations on 63 animals, 36 were followed by recovery; of 57 where an entire lung was removed, 30 recovered; and the 6 where the apices, or only one lobe

was removed, all recovered.

I had a long conversation at Naples last January with Dr. Biondi, and considered all the steps which he would take if he were to remove a diseased lung from a man or woman. He naturally insisted upon preliminary practice on the dead body, but was convinced that practice on living animals was also necessary to enable us to learn how to prevent or stop bleeding, and lessen the danger of pneumothorax, of cardiac paralysis, of arrested respiration and of septic purulent pleurisy. I may say briefly that the most tedious part of the operation consists in subperiosteal resection of the second, third, fourth and fifth ribs. This is followed by slowly dividing the pleura longitudinally, introducing about half of one hand, separating pleural adhesions, gradually withdrawing one lobe of the lung after another, and then compressing the pedicle, or a portion of pulmonary tissue close to it, by pressure forceps. Then the pedicle—bronchus, artery, and veins; adherent bronchial glands having been separated—is tied in three divisions, and the ligatures cut short, as in ovariotomy. The pleural cavity is cleansed by sponges, and the wound closed by suture.

Admitting that the cases of phthisis where the disease is limited to one lung only, or to part of one lung, must be rare, Dr. Biondi still contends that men of experience do occasionally meet with cases where the operation might

save a phthisical patient from death.

I saw a lady in Naples whose right kidney Professor D'Antona had removed a year before on account of suppurative pyelo-nephritis, when she was in a state of extreme emaciation. Microscopic examination proved the case to be a typical one of tubercle of the kidney; yet the patient, when I saw her, was apparently in full health. Dr. Biondi asks why, if after such a case as this, or after resection of a tuberculous joint, recovery follows, it should not also follow the removal of a lung. And he asks whether, if only one in twenty were saved by such an operation, even this would not justify operation in cases otherwise hopeless.

This is the question which, I trust, will be considered with all the careful attention it deserves by our own physicians; and if our aid is desired by our colleagues, I do not think British surgeons will shrink from even so grave a responsibility as this—preparing themselves for it by practice on dead bodies of men and women, and, if need be, upon living animals.—Letter to British Medical fournal from Sir T. Spencer Wells, May 31, 1884.

RECENT SURGERY OF THE ABDOMEN AND ŒSOPHAGUS.

Since our last meeting, resection of the pylorus has been several times performed by Kocher, Maurer, Billroth and others; and at least in two of these cases with apparent success or notable prolongation of life.

Czerny has modified the operation of resection for intractable ulcer, first performed by Rydygier, by opening the stomach transversely to its long axis, through the lesser curvature, scraping the ulcerated surface away, covering

in the defect by sliding the mucous membrane and stitching it, and finally removing the base of the ulcer by excision of the elliptical portion of the entire thickness of the stomach wall, and closing this opening by the usual sutures. His patient so completely recovered as to gain twenty pounds in three months.

Along with this should be mentioned the operation devised by Loreta for cicatricial stenosis of the pyloric orifice following ulceration.* He makes a gastrotomy and then extends the stenosed pylorus by forcible dilation, after which the stomach wound is closed again. This operation has been done at least nine times in Italy and elsewhere on the Continent.

Several gastrotomies for the relief of cancerous strictures of the esophagus have been reported within a year. Knie has reported three; the first died after thirty-six hours from perforation of the cancer into the left bronchus; the second lived eight months and died of paralysis; the third was living at the time of making the report one month afterwards. Kitajewski has recorded another case which lived twenty days and then died suddenly.‡ Others have been placed on record by Butlin, whose case lived three weeks and a half and then died of perforation, and by Le Fort, whose case lasted only one day. Le Fort gives statistics of one hundred and five gastrotomies, of which seventy-six (72.4 per cent.) died within thirty days after operating. Of these:

II	died in		day.
21	g - 66		days.
10	6.6		66
20	6.6		to 10 "
II	6.6	IC	to 20 "
3	6.6	20	to 30 "
2	6.6	30	to 40 "
1	lived		40 ''
1	6.6		69 "
I.	J 66	2	1/2 months.
4	6.6		*
2	1- 6.6	4	6.6
I 9	66		
\mathbf{I}^{j_1}	6.6	6	6.6

It is worth while also to call attention here to an opera-

^{*} Annali univ. di med. e chir. Jan., 1883. † \$1, Petersburger Med. Wochschft, 1883. † Wratch, 1882, No. 37. § Br. Med Jour. 1883, April 14. § Gaz des Hopitaux, 1883, No. 90.

tion, or rather a combination of operations, performed by Billroth, which, though made in 1881, was only published last year. A woman aged 29 suffered from malignant

growth affecting both ovaries.

This condition, with one of extensive adhesions, was diagnosed, nevertheless Billroth undertook to operate. In due time, he discovered firm adhesions to the posterior wall of the bladder and to a loop of intestines. Rather than leave these malignant growths behind, he removed from the bladder wall a piece three centimeters long by two wide, and closed the defect with silk sutures. Following this, he excised twelve ctm. of small intestines, and sewed the ends together. After this formidable procedure, he removed the main tumor, and closed the wound without drainage. Recovery without unpleasant reaction followed. Fifteen months after there was no sign of recedive.*

Another case which puts interference with abdominal growths in an almost new light is that reported by Sklisfassowski, of Moscow, being the second of the kind in his own practice. A young man had an immense tumor located apparently in the abdominal wall and extending from the ribs to Poupart's ligament on the left side. It was diagnosed as sarcoma. At time of operation it was shown that not only the abdominal muscles, but the peritoneum also was involved. Accordingly, flaps of integument were dissected off, the entire tumor with the attached peritoneum removed, and the viscera simply covered in by the skin flaps, which were united over two drainage tubes.

Convalescence was but slightly disturbed by a subcutaneous abscess. The viscera contracted no adhesions with their new covering, and with a suitable abdominal external

supporter, the patient is perfectly comfortable.†

Another abdominal surgical curiosity which I will here introduce, is the following, reported by Gussenbauer at the last Congress of German surgeons. A healthy man who had eaten a very hearty meal, began to suffer from severe gastric catarrh; shortly after this he noticed a tumor which gradually developed in the epigastric region. Eight weeks after, in the hospital, Gussenbauer was able to outline a fluctuating tumor, evidently behind the stomach and retroperitoneal, and probably of a cystic nature. Symptoms of abscess were wanting. At the operation

^{*} Wierner Med. Wochschft, 1883, No. 2 and 3, † Med. Chir. Rundschau, 1884, Jan., p. 30.

the abdomen was opened in the middle line, the stomach separated from the colon, the peritoneum carefully stitched to the cyst wall with silk, and the cyst then opened. Some 1,900 ctm. (sixty ounces) of fluid were evacuated; microscopical and chemical examination showed this to consist of altered blood. Examination of the cavity showed it to be retro-peritoneal, and lined with soft excrescences. After washing it out, the abdomen was antiseptically dressed. The region of the wound soon became covered by an eczematous eruption; whereupon the discharges were chemically examined and found to give a strong alkaline reaction, and to change starch into sugar. It was, therefore, evident that the tumor was a cyst of the pancreas. Recovery was perfect.*

At the same meeting Kulenkampf, of Bremen, reported a similar case, with recovery; the trouble resultting after

injury.

Homans has reported two operations for immense retroperitoneal fatty tumors, in one case weighing thirty-five pounds, in the other twenty-five. Both operations were long, extremely difficult and bloody, and were followed by fatal collapse.† The condition is a rare one, only one other similar case being on record.—(Extracts from a Report on Surgery, by Prof. Roswell Park, in Weckly Med. Review.)

EXPLORATORY TREPHINING IN DEPRESSED FRACTURES OF THE SKULL.

The recent article on this subject, by Dr. John B. Roberts, is a contribution of value to cerebral surgery. The author believes that more deaths occur from non-performance, or delay of the operation, than may be attributable to the operation itself. He favors the conversion of closed fractures into open wounds, by incision through the scalp. This procedure alone permits the knowledge of the condition of the fracture necessary to a rational treatment. He believes that this knowledge of the fracture, with the benefits that may accrue therefrom, overbalances the danger of opening skull fractures, which experience teaches is less than in open fractures of the long bones.

In all cases of depressed fracture, and even in those cases in which the surgeon suspects spiculation of the inner table, with injury of the membranes or brain tissue,

^{*} Centribt. f. Chirurgie, No. 23, 1883, Beilage. † Boston Med. and Surg. Jour. 18:3, No. 11, March 15.

the author recommends trephining as an exploratory procedure.

A small trephine is recommended—three-eighths of an inch in outside diameter—which leaves an opening just large enough to admit the elevator. The large trephines in ordinary use are advocated only in those cases in which it is desirable to remove a large disc from the line of union of an old fracture. The author advises that the trephine be placed preferably over the least depressed edge of a skull fracture, for the reason that the most depressed edge is usually beveled by the breaking of the inner table beyond the line of the outer. This condition makes the bone the more difficult and dangerous of elevation.

The author concludes by recommending an immediate exploratory incision in all cases in which there is the possible existence of a depressed fracture, and the use of the trephine in all cases in which there may possibly exist a depressed fracture, or any injury to the membranes or brain substance, by displaced fragments of the inner table.

[The above suggestions are of practical value, but surely "exploratory trephining" is a procedure which should be directed by good judgment and practiced with the utmost care. The trephine now adapted to the surgical engine simplifies the operation and divests it of a part of its danger. We predict in the near future marked improvements in cerebral surgery.]

THYROIDECTOMY.

In the New York Medical Journal, May 31, Dr. F. W Rockwell, of Brooklyn, reports a case of successful thyroidectomy, and concludes with an interesting table of statistics on the operation. The abnormal growth, in the case related, obstructed deglutition and respiration, and caused attacks of vertigo and paroxysmal dyspnœa. growth resisted the internal administration of the iodide of potash, to the extent of two hundred grains a day; frictions of the ungt. pot. iodide and the ungt. biniodide; and injections of alcohol and tinct. iodin. co. All remedies failing, as they usually do, the growth, weighing twelve ounces, was successfully removed. Medical literature is dotted here and there with the reports of similar successful cases. However, adverse results have been so frequent, when honestly reported, that the profession have hitherto regarded the operation as hazardous.

We extract the conclusion of Dr. R 's article, embracing the following instructive table of statistics, taken from the work of Paul Siebrecht, of Brussels:

'Operations by	German,	Austria	n and	Swiss	sur-	
geons						
Operations of	French s	urgeons				34.
66	English	66 ,				16.
6.6	Italian	66				IO.
66	Prussian	166 1				3.
66	Swedish	6.6				1.
66.	Belgian	6.6				2.

completed, and in 5 the result was uncertain. To these are added a series of 34 cases, with 5 deaths, making altogether 356 cases, with 69 deaths—a mortality of 19.39 per cent. The author of the article in review estimates that, from causes incident to the operation itself, the mortality

does not exceed 834 per cent.

"Surely it would seem," says the author, "from this surprising array of cases, that, in spite of the traditions of the profession, thyroidectomy would soon find its way among recognized surgical operations, and be resorted to under the same conditions as those which govern us in the selection of cases for other forms of operation on morbid growths."

MIGRATION OF PINS AND NEEDLES IN THE TISSUES.

In a clinical lecture recently delivered in the Hôpital Charité, Dr. Desprès has communicated some interesting facts respecting the singular toleration of needles by the subcutaneous tissues, and the migrations of these bodies. He relates the case of a young man, who, with the leg flexed on the thigh, falling on the anterior aspect of the knee, violently hit this part of the body against a long darning-needle, which was driven into the joint and disappeared. The youth continued to walk about as if nothing had happened. Four days after he appeared at the clinic. He then complained of severe pain in the popliteal region. Dr. Desprès examined this region and readily found and extracted the needle. Here the needle had traversed the joint and penetrated the popliteal space

The migration of needles in the tissues is a well attested fact. Otto, of Copenhagen, communicates the case of a

young girl, a patient of his, who had swallowed an immense number of needles, and two hundred and ninety-five of these were extracted from different parts of the body. Twenty-two were removed from the left breast.

Villars had a similar patient, a hysterical girl, who habitually swallowed quantities of pins and needles. "The pins advanced more rapidly than the needles. The patient describes the progress of the needles as being more painful,

despite its slowness, than that of the pins."

With regard to the extraction of these foreign bodies, Desprès advises to "make haste slowly," unless the needle can be actually felt and fixed under the skin.—Med. and Surg. Reporter.

COMPLETE LUXATION OF THE FOURTH VERTEBRA WITHOUT FRACTURE.

A mechanic, aged 40, fell from a height of about twelve or fifteen feet; he did not lose consciousness, but he was unable to rise. When first seen, there was general blueness of the surface, immobility, and the head was bowed

and slightly inclined to the left.

The extremities were powerless, respiration shallow, hurried, and entirely abdominal. Motility, sensibility and reflex activity completely abolished. Incontinence of urine and fæces. Two prominences were felt on the spinal column, the one corresponding to the spinous processes, the other to the transverse. No crepitation. Diagnosis: Luxation of the fourth or fifth cervical vertebra, perhaps complicated with fracture. Death thirty-six hours after the accident. The autopsy showed rupture of the ligament, including the ligamentum flavum, passing from the fourth to the fifth cervical vertebra, which were both dislocated; indeed, the under surface of the fourth vertebra was in front of the upper surface of the fifth.

The spinal cord was correspondingly bent and com-

pressed, but neither lacerated, softened nor inflamed.

Simple luxation is very rare, and its mechanism is by no means clearly made out. If treatment be undertaken, reposition must be attempted, and then permanent extension of the spinal column kept up.—Dr. Truc (Berliner Klin. Woch.

CONGENITAL WEB OF THE VOCAL CORDS.

The history of the case was presented to the American Laryngological Association, May 12, by Dr. Thomas

Amory De Blois, of Boston, and published with illustrations in the New York Medical Journal, of the 14th of June. The case occurred in a young girl twenty years of age, and was relieved by rupture with Mackenzie's forceps. In the discussion of the paper, the operation of forcible rupture was approved as preferable to the use of the knife, or galvanic cautery. Cases similar to the one above mentioned are extremely rare in medical literature. The author found only three cases previously reported.

ABORTIVE TREATMENT OF CHANCROID. H. von Hebra.

Hebra at first thoroughly cleanses the surface with lukewarm water from all adhering secretions and scabs. Any medicament previously employed must be carefully removed with spiritus saponis, in order to avoid making any erosions deeper. Upon the clean and well dried surface powdered salicylic acid is laid: the powder is not to be confined to the chancroid alone, but must also cover its immediate neighborhood, in order that the healthy skin shall become slightly cauterized Wads of batting or lint are then laid upon the powder, and the whole secured with strips of adhesive plaster. One change of the dressing every day may suffice; but if there be much suppuration, two changes may be necessary. With this proceeding, purification of the sore takes place in four or six days, and also complete cessation of the ulcerative process. The method is perfectly painless, very neat, and guards against the development of buboes. In ten cases treated in this manner, swelling of the inguinal glands did not appear once.—Berliner Klinische Woch.

OBSTETRICS, GYNECOLOGY AND P.EDIA-TRICS.

SOME COMPLICATIONS OF ORDINARY LABOR.

Three cases are reported by Dr. W. H. Haynes, (N. 17. Medical Journal, July 5th), to illustrate points in the practice of midwifery overlooked or merely mentioned in works on obstetrics. After reporting the first case, one of premature rupture of membranes without pain, complicated with sacrococcygeal ankylosis, he says: Premature rupture is due to two or more of the following conditions:

"Abnormal thinness of the membranes; or excess in quantity of liquor amnii, with sudden entrance of the head into the pelvis; or the occurrence of painless contractions due to exertion or injury of various kinds; and meddlesome with certainty from hydrorrhea by a physical examination, or criminal midwifery." It can only be diagnosticated when instead of finding, as in latter disease, an undilated os, a cervix of normal length, fluctuation and ballottement, the finger will come directly in contact with the head through a slightly dilated os. Another differential point is, that hydrorrhea generally occurs between the fourth and seventh month of gestation, and rupture of membranes close upon the expected confinement.

Both conditions should be treated by rest of every description. Ankylosis of the sacrococcygeal articulation occurs in a certain proportion of those who have passed adolescence. If the bone is turned so acutely forward as to interfere with labor, it will be necessary either to fracture the bone or to make use of the forceps in molding and compressing the head so as to pass the obstruction. Though the former method is advocated by all writers, the author has been unable to accomplish it in the three cases he has met with so far, and thinks it only applicable to partial ankylosis. The latter method he has found easy, safe and rapid, and thinks the deformity in itself never reaches such an extent as to require any other operative

interference.

The second case, one of "shortness and rupture of the funis," illustrates a rather common complication of labor, as the cord by being wrapped around the body of the child, may practically become too short though it may really be of normal length. Labor is protracted in these cases by the cord holding the child back. The symptoms are: "constant pain in the uterus, differing from the other pains attending the parturient process: constant desire to maintain a sitting posture; absence of all desire to assist nature with bearing down efforts; advance and recession of the head till it becomes stationary; peculiarity of contractions." Should no other obstacle to a speedy delivery be found, the diagnosis is evident. Other symptoms are, indentation of the uterus, convulsive movement of the child and the appearance of blood in the discharge at a late period from the laceration of the cord or separation of the placenta. Physical examination may reveal a tense, uncoiled cord or a portion of it coiled around some part of the fœtus, usually the neck.

The author has generally obtained a successful result, by assisting nature by manipulation, position and sometimes ergot; in two of his cases he had to resort to the use of forceps. He regards cutting the cord as rarely called for, being liable to injure both mother and child.

The third case reported, is one of "puerperal malarial fever." After first carefully excluding other puerperal complication, he pushes quinine heroically. One day, as high as twenty grains every three hours were given

in the case mentioned.

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A CURIOUS CASE OF MIDWIFERY.

The following remarkable case is related by Dr. Marin Perujo, in El Genio Medico-Quirurgico. Dr. Perujo did not see the case himself, but it was seen by a surgeon and several other persons:

A married woman presented all the symptoms of pregnancy. The moment of parturition arrived, the pains were markedly expulsive. The child was about to come forth, the head was even felt near the exterior, according to the statements of those who were present, but, nevertheless, the labor was not completed, and the child did not come to light either then or at any other time. A sort of convalescence set in, marked by many disagreeable accidents. She became a widow. Her abdomen remained slightly prominent, she had a persistent diarrhœa which weakened her; nothing was thought about the putrefied remains of the fœtus, the diarrhœa absorbed all attention. At the end of twenty years or so, during which time the above mentioned surgeon observed her, in the diarrhæic stools, which were frequent and exhausting, were found the small bones of the cranium, as the parietal, occipital, etc., perfectly characteristic and entire, corresponding to those of a nine months' fœtus; later on, a femur, a tibia, a radius, of normal size and appearance; one day a vertebra would pass, another, ribs. Almost the entire skeleton of the child could be formed. Finally the woman succumbed to her many troubles. She had led an irreproachable life. The facts are given as above by Dr. Perujo; every one is at liberty to draw his own conclusions.

POISONING BY VAGINAL INJECTIONS OF BICHLORIDE OF MERCURY.

Dr. Hofmeier in his report on the progress of obstetrics in Germany (American Fournal of Obstetrics) relates two cases of poisoning by vaginal injections of bichloride of mercury.

In one case the strength was I in 1000; in the other I in

1500

The same writer makes a note of two peculiar cases. In a woman on whom ovariotomy had been performed in the morning, signs of internal hemorrhage appeared in the evening. The abdomen was opened and the small intestines were found containing a large quantity of blood; there was more in the cavity. At the autopsy all of the small intestines were densely filled with blood, and the mesentery and intestinal wall showed hemorrhagic infiltration.

In an exploratory laparotomy in a case of unexplained ascites, Prof. Schroeder sprinkled iodoform into the abdominal cavity. On the third day the patient had very violent hematemesis, and blood was present in her stools. After death the bowels were found filled with blood and their walls were very friable.—American Journal of Obstetrics.

A CASE OF TERATOLOGY.

We read in *El Progreso Ginecologico*, of Valencia, that Dr. Fabregat has presented to the Anatomical Museum of the faculty of that city, a fœtus of eight months, whose anomalies of development constitute a new feature in teratology. The left upper extremity is entirely wanting, and also the abdominal walls and the vault of the cranium. There is, consequently, a natural extrophy of all the abdominal viscera. The most singular anomaly of the case is that the umbilical cord extended only from its origin (in the placenta) to the head, and the placenta was found completely adherent to the encephalic mass.—*Revista de las Ciencias Medicas*, *Barcelona*.

DELIVERY OF HEAD, SECOND STAGE.

Dr. McGaughey in an original communication on the "delivery of the head in the second stage of labor" (American Journal of Obstetrics for June), controls the descent of the head in the following manner: The woman is placed on her left side, a pillow placed between the knees; the physician sitting at her back passes his left hand over the right groin, past the vulvæ until the fingers reach the perineum, thus giving him the whole left hand to direct and keep back the head it necessary. The right hand is used to support the perineum much after the manner

of Playfair. This is essentially the method generally employed at Vienna.

IGNI-PUNCTURE OF THE CERVIX UTERI.

Dr. L. Prochownick in the American Journal of Obstetrics sets up a plea for the reëstablishment of this method of treatment which has been in the last decade so generally superseded in chronic troubles of the cervix by the knife and the scissors.

He commenced this treatment some two years ago in the cases of women who were unable for various social and financial reasons to submit to operations by the knife.

He describes the treatment as follows: "At intervals of from ten to fourteen days, that is, two or three times between every two periods, I made generally four igni-punctures, two into the anterior and two into the posterior part of the vaginal portion with a pointed galvano-cautery or Pacquelin; the former being more appropriate to lesser, the latter to greater depth of the puncture required.

The direction of the puncture is centrifugal, extending from the investing vaginal mucosa through the stroma of the cervix to its mucosa; or the reverse centripetal, according to the individuality of the case; the former in general more for indurated hypertrophy without profuse catarrhs or ulcerations, the latter for the opposite conditions. Before and after the puncture, disinfectant irrigation is used and a tampon applied, which remains till evening; one-half hour rest, then the patient is allowed to attend to her ordinary occupations."

He makes these punctures from one to two centimetres deep, and makes use of them at from five to six different times. His success with hospital cases was such that he now applies this practice to the better class of patients.

The effect of these punctures, he says, is to destroy the blood and lymph channels as well as the glands and their tubes and atrophy of tissue follows.

There may be a temporary increase in hypertrophy as the first result, but there is always a very permanent reduction in the end. Moreover another advantage is that there have been no relapses and there were no disadvantages that came under his observation. Among other reasons he recommends this practice "as a minor attempt at a more conservative gynecology."

SHORTENING OF ROUND LIGAMENTS FOR UTERINE DISPLACEMENTS.

The author of the operation, Dr. Wm. Alexander, says (London Medical Record), that in a healthy woman the uterus is not supported by the round ligaments, but by the adjacent tissues. The ligaments may, however, in displacements be made to act as supporters. operation is to expose the external abdominal rings, divide the intercolumnar fibres and raise the round ligaments on an aneurism needle. The uterus is then replaced by a sound and while held in place, the ligaments are pulled upon until they hold the organ in position. Two or three silver or catgut ligatures are then passed through each ligament and through the pillars of the ring on each side of it. A Hodge pessary is then passed into the vagina and the sound withdrawn. One of his published cases was an epileptic, aged 24: both vertebral arteries had been tied in succession with but little relief. The uterus was retroverted. She was completely cured and has borne a child. In another epileptic the uterus was successfully replaced, but the epilepsy was not cured. He attempted to remove the ovaries in two cases by drawing on the round ligaments, but the results were not satisfactory, for the ovaries may be adherent, and moreover, can, with difficulty, be drawn through the canal.

THE ARTHRITIS OF PREGNANCY.

The characteristics of this form of arthritis are, that it is mono-articular, or that it affects at the most two articulations, that it is of long duration, several months, in spite of the most energetic and best directed treatment, that it is accompanied with neither muscular nor articular pains, that it rarely ends in ankylosis, almost never in suppuration, and finally, that it is very happily influenced by child-birth, which is about the only efficient remedy.

This arthritis is classed by some authors with rheumatism, by others with scrofula, and by a third class, with arthropathies of gonorrheal origin. Mercier, reasoning from a number of observations and from the characteristics of the affection, which differ from those of the maladies above mentioned, rejects these opinions, and considers it an entirely different disease due exclusively to pregnancy.

This variety of arthritis is particularly interesting from a therapeutical point of view; here we have a disease which, during the whole course of pregnancy, remains totally

rebellious to treatment (it is altogether refractory to salicylate of soda), and which is spontaneously and rapidly cured after child-birth. The physician remembering its peculiar course, should give his prognosis and direct his

treatment accordingly.

It was proposed to provoke premature labor as a curative procedure. Lorain tried this in a case of his and the arthritis terminated in ankylosis. This certainly is not encouraging enough for a second attempt.—A. F. Mercier, Thèse de Paris, Bulletin Générale de Thérapeutique, May 30th, 1883.

AMENORRHIEA.

Dr. J. Mathews Duncan, in speaking of the various remedies which have been recommended for amenorrhoa, says, when there is a molimen he prefers the pediluvium to the full hip-bath. In addition to this, while the molimen lasts some stimulant may be given, and of the many in use he prefers the oil of pennyroyal, a drop dose in some vehicle several times a day. When there is no molimen, he knows no direct remedy which acts as an emmenagogue. Some remedies, such as savin and cantharides in large doses, may produce a flow of blood, but this he regards as not only a caricature of menstruation, but also as an unmixed injury to the woman. The only remedy he knows is erotic excitement. The application necessarily very limited.—Med. Age. The American Med. Digest for June.

In cases of puerperal mania with feeble circulation, Dr. J. B. Jackson, Ky., recommends bromide of ammonium in 20 gr. doses every three hours.—Southern Practitioner, June.

PREPARATION OF INFANT FOOD.

Dr. Meigs, in the "Archives of Pædiatrics" for April, gives the following easy method of preparing infant food,

based on his analysis of human milk.

"Obtain fom a reliable druggist packages of pure milksugar containing seventeen and three-quarter (1734) drachms each. The contents of one package is to be dissolved in a pint of hot water, and it is best to have a bottle which will contain just one pint, as there is no need for further measuring. The dry sugar keeps indefinitely, but after it is dissolved it sours in a day or two in warm weather. It should be kept in a cool place and thrown out if it sours. This can be easily told by its smell and taste. Good ordinary milk and cream should be obtained (not Jersey milk, as it is too rich for this formula). Mix two (2) tablespoonfuls of cream, one (1) of milk, two (2) of lime water, and three (3) of the sugar water, and then, as soon as the mixture has been warmed, it is ready for use. After the infant is a few weeks old, this quantity will not be enough, and double the quantity must be prepared each time."

ACONITE IN DIPHTHERIA.

Mr. Chisholm, M. D., (Canada Medical and Surgical Journal, February) reports several cases illustrative of the good effects of this drug, and sums them up as follows:

1. Aconite in minute doses, frequently repeated, depresses the sympathetic, and like cold contracts the vaso-

motor-fibres.

2. It has a selective action on inflamed parts because of their increased susceptibility.

3. This sedative effect is to conserve strength, while

its vaso-motor action is inflammatory.

4. In consequence of this two-fold action, aconite in the first stage calms the circulation, lowers the temperature, lessens tissue change, checks the spread of membranes and aids the elimination of the poison by the skin and kidneys.—Archives of Pediutrics for April, 1884.

THROAT.

ON THE TREATMENT OF TUBERCULAR LARYNGITIS.

By Dr. Gougenheim, Bulletin General de Therapeutique.

Dr. G. discusses the therapeutics of tubercular laryngitis under four heads:

1. Applications of medicaments in solution.

2. Applications of solid medicaments.

3. The employment of the galvano-cautery.

4. Surgical operations—avulsions of morbid growths: tracheotomy and extirpation of the larynx.

1. The fluid applications are described under the fol-

lowing heads:

(a) Astringent remedies. These he regards as very

efficacious, when the disease has not progressed very far. Of this group he considers chloride of zinc, three to five per cent. sol., by far the most useful—next to this remedy but far inferior, he mentions sulphate of zinc and sulphate of copper in 1 per cent. solutions. He discountenances the use of tannin and alum as being too energetic in their action. (Tannin is recommended by J. Solis Cohen as a good application in tubercular laryngitis. See Cohen on the Throat and Nose, page 515.—EDS.)

(b) Remedies, difficult to classify from the standpoint of their action on the tissues—among those most in use he mentions—Iodine, carbolic acid, creosote, iodoform, chlo-

rate of potash, tar and coca.

As the most useful of these he mentions iodoform, which he has found of great service in extensive and painful ulcerations, A great advantage in the use of this remedy is that it is not necessary to be very careful about limiting the application of the remedy to the diseased surface.

Chlorate of potash is also of benefit when the ulcerations

are very superficial.

- (c) Caustic Remedies. Those most frequently employed are nitrate of silver, chromic acid and perchloride of iron. Of these the author considers chromic acid, 3 per cent. sol., least harmful, silver nitrate, 2 per cent sol. next, and says the perchloride of iron should never be used in tubercular laryngitis. He regards with disfavor the use of chemical caustics in this disease.
- (d) Schative applications.—These he regards as the most necessary and most useful; pain and dysphagia being the most frequent and most difficult therapeutical indications to satisfy. Glycerine he mentions first in this list. The following combination is very efficacious, but should be used with care:

Morphiæ Muriatis.	gr xv	
	i	
Glycerinæ	v.	Μ.

Concentrated extract of coca is effective but too transient. The remedies he has found most useful are atomized emollients. He gives preference to the decoction of lettuce, which is employed tepid. It is very fluid, harmless and does not disgust patients. It should be used often and especially just before eating.

2. Application of Solid Medicaments.—Dr. G. finishes this section with the following sentence:

"These applications are most inefficient, less convenient and more difficult to bear than the remedies mentioned under the 1st head."

3. The Galvano-Cautery,—After speaking of his unexpected good result in a tentative application of this remedy, he lays down the following rules based on a

now large experience:

(a) When dysphagia is due to an increase in volume of the epiglottis, the application, once a week, of the cautery at a few points on this organ will give rapid and fairly lasting relief.

(b) When dysphagia is due to swelling of the fold of the larynx of the arytenoideal region, the application is

more painful and less successful.

- (c) When the vestibule and false vocal cords are affected the cauterization is well borne but less efficacious than in the first case.
- (d) When the larynx is the site of numerous vegetations, cauterization is absolutely indicated and should always be preferred to avulsion, which most patients cannot stand, and which in every case runs the risk of provoking very rapid tuberculous infection."

(c) When the true vocal cords are thickened and vegetating, the cautery can be used with advantage, provided the cords are freely movable; that is to say, if we have

not stenosis of the glottis.

(f) When there is stenosis of the glottis, either through spasm of the laryngeal muscles or through paralysis of the dilators, cauterization of the interior of the larynx is dangerous; but this danger is less than the application of fluid remedies.

4. Surgical Operations.—

(a) Avulsion of vegetations. As before mentioned, he condemns strongly this operation, and recommends in its

stead the galvanic cautery.

(b) Trachcotomy.—This operation is always indicated in cases of glottic or subglottic stenosis, but especially so when the lungs seem intact and the general health is satisfactory. The following rules may be laid down for the indication of tracheotomy:

ist. In cases of tuberculosis, where the pulmonary lesions are not well pronounced, the general health satisfactory, and the temperature about normal, tracheotomy is absolutely indicated, when several attacks of suffocation have been due to stenosis of the glottis caused by suppura-

tion or tuberculous infiltration of the false vocal cords and

the parts immediately beneath.

2d. The existence of serious lesions of the pulmonary parenchyma do not contraindicate the operation if the temperature is normal and if the digestive functions are not disturbed.

There is generally plenty of time to perform the operation deliberately, and the anæsthesia, instead of being contraindicated, has the additional advantage of diminishing dyspnœa. The trachea should, preferably, always be opened, for fear of finding a carious cricoid cartilage.

(c) Extirpation of the Larynx.—Theoretically, this operation might be permissible if it could be ascertained that the larynx was the sole seat of the disease, as in the case of a tuberculous testicle or eye. Practically, he has

never met a case in which it could be entertained.

A NEW METHOD OF RECORDING THE MOTIONS OF THE SOFT PALATE.

Dr. Harrison Allen, in an interesting paper, lately read, gives a description of the palate-myograph, an instrument invented by himself for recording the movements of the soft palate and the tracings made during phonation.

The instrument seems to consist of a copper wire introduced into the nose, the outer end so raised that the inner rests on the soft palate. The head is steadied by means of a dental head-rest, and the outer end of the wire held in place by means of a wire attached to a head-band. The outer end is held against a revolving cylinder, coated with bone black, on which the tracing of any articulation is made.

The author speaks at length of the tracings produced by various vowels, syllables and words. "The fact that the soft palate is raised in articulation of all articulate sounds, that it is raised in the acts of swallowing, of coughing, of hacking, can be readily demonstrated." "The palate is seen to be raised once only for some words, twice for others and three times for others." But, "while the palate moves in every consonantal and vowel sound, it does not assist in the formation of many sounds." Thus, persons, who pronounce the word what properly, make precisely the same palate curves as those who pronounce it as though spelt "vat." Children and the Chinese are "slow in procuring the "th" sound, but acquire the "l" sound easily." With the former the soft palate seems to have nothing to do.

As another example, he finds the motions of the palate to be the same in the words "souf" and "south," and in "nuffing" and "nothing." The distinction in pronunciation of the two sets of words is brought out by other organs of speech. Thus "the difficulty the negro acknowledges in pronouncing "south" and "nothing" (converting the words into "souf" and "nuffing") lies in the relations of the tip of the tongue to the teeth, hard palate and lips (in a word, to his prognathism) and not to any peculiarities of the soft palate."

"The elevation of the [soft] palate is not the result of the pushing up of the relaxed velum by the lingual basi-dorsum, but of the active elevation by means of its own muscles." Hence, the mechanism of the soft palate in both health and disease might be usefully studied with this instrument. The absence of movement in paralysis of the palatal mus-

cles might thus be demonstrated.

NOTES ON THE ETIOLOGY AND TREATMENT OF TONSIL-LITIS.

Dr. Dukeman (Cin. Lancet and Clinic) thinks tonsillitis is a local affection to which many are predisposed. Its exciting cause is the vitiated air of houses or exposure. Acute attacks may be aborted by aconite and grey powder in small doses, the chronic form by electricity. He has tried astringents, escharotics and scarifications along with tonics, but none succeeded like electricity. Using a galvanic battery, he places the sponge of the positive pole on the back of the neck, and the metal electrode of the negative pole to the tonsil. A mild current is used for five minutes every few days. If the tissues are much relaxed, he uses in connection, the faradic current.

(In a discussion on tonsillitis before the Orleans Parish Medical Society guaiac was spoken of as an absolute specific for acute tonsillitis up to the formation of pus. It may be given in two to three grain doses every 4 hours; or the fluid extract may be used. For the chronic enlargement of the organs, chloro-nitrate of silver used as an escharotic, promises the best results.)

TUBERCULOSIS OF THE TONSILS.

Dr. Fritz Strassmann (Medical News, June 4th) has found tuberculosis of the tonsils in 13 out of 21 bodies showing systemic tuberculous changes. "It was present

as disseminated miliary deposits of small, or even the smallest size, and in varying distribution—a single preparation sometimes containing a great number, while sometimes several sections had to be examined before any were encountered. These tubercles are met in giant cells, and resemble the deposits found in lymphatic glands."

"Among the 21 cases were 15 of tuberculous disease of the lungs; of these, tuberculosis of the gut was present in 5; of the larynx in 5; of the pleura in 2; of the liver and kidneys in 3; finally of the tonsils in 13."

THE NEW ORLEANS MEDICAL AND SURGICAL JOURNAL.

PUBLISHED MONTHLY.

Communications relating to medicine are invited from every source. than ordinary importance are occurring daily to country physicians, brief reports of which this Journal would be glad to get.

In sending such communications, and others pertaining to Editorial Department, as well as those relating to business, address New Orleans Medical and Surgical Journal, P. O. DRAWER 2S2, NEW ORLEANS, LA.

LDITORIAL.

THE TUBERCULOSIS CONTROVERSY IN PHILA-DELPHIA.

It appears that the current year is destined to win distinction in the annals of American medical history, by its brilliant and profitable debates. We began first, by a stirring discussion on puerperal septicæmia that was started in Ianuary in the New York Academy of Medicine, in which this important topic was agitated with extraordinary vigor by those master polemists and obstetricians, Gaillard Thomas, Barker, Lusk, Garrigues, Baruch, and a number of other, probably less important, but almost equally useful writers, who, re-opening the question in all sections of the country, benefited the whole profession by creating a thirst for more accurate preliminary knowledge as a necessary step to the critical appreciation of the subject; and, also, by enlisting the interest of the medical public in general, in the purely scientific as well as practical aspects of the issue. By which, need it be said, the discussion as a whole, reacted on the professional mind at large, as a most valuable educational factor.

Now, another subject, and one of decidedly greater magnitude, promises, under the vigorous impetus given by Formad in his remarkable papers on the non-contagiousness of consumption, to arouse a debate in the Philadelphia County Medical Society, on the practical aspect of the tuberculosis question, which may ultimately rival in intrinsic interest and display of talent and enthusiasm, that on puerperal septicæmia in New York. The pivot of controversial argumentation appears to lie mainly in that most delicate of touchy points—the reality or fiction of tubercular contagion. Formad, as all our readers are doubtlessly aware, has emphatically expressed himself a partisan noncontagionist. The authority of his commanding name, the respect entertained everywhere for his able and conscientious experimental researches in almost all fields of pathological inquiry, together with the powerful array of evidence so eruditely displayed in his recent papers, have added signal strength to the old and more popular crede of "noncontagion," and have, more than any other single effort, checked the growing enthusiasm in favor of the theory of tubercular parasitism in America. Formad's views, however, have not stood long unchallenged. Indeed, they have undergone the ordeal of a brief, but severe critical analysis at the hands of two of his Philadelphia colleagues, Drs. E. O. Shakespeare and W. II. Webb, whose recent criticisms threaten the integrity of the Formad position with no inconsiderable amount of danger. Both the latter writers have taken, with remarkable fervor, the affirmative or "contagionist" side of the question, and have with considerable controversial ability, made a better showing for the Koch discovery and its necessary consequences (i. e. the contagiousness of phthisis), than would have

ever been expected by any who had read Formad's apparently unimpregnable arguments.

It will be remembered that Formad, somewhat more than a year ago, advanced a theory of his own which he believed to be opposed to that of Koch. He claimed "that there is no necessity for the action of a specific agent in the production of tuberculosis, and that, therefore, such a specific agent can have no rational existence." This claim was, in the main based upon a belief in the discovery of an anatomical peculiarity of those animals known to be especially prone to tuberculosis. This peculiarity is thought to consist essentially in the narrowing of the connective tissue lymph-spaces in certain animals—the scrofulous—and to be either hereditary or acquired. Formad claims that the inflammatory process in such animals, whatever be the exciting cause, is necessarily tuberculous.

In an abstract of Dr. Shakespeare's reply to Formad, published by the Philadelphia County Medical Society, we find the following statements: "On the occasion of the presentation of his first paper, Dr. Formad undertook to demonstrate this reputed anatomical peculiarity by the exhibition, under the microscope, of a number of anatomical preparations. At that time, Dr. Shakespeare had regarded the demonstration as far from satisfactory or conclusive. In the first place, no single section showed lymph-spaces. In the second place, the method of preparation followed (that for ordinary microscopical examination) naturally was not capable of demonstrating lymph-spaces; not one silver or gold preparation was exhibited. Indeed, this common and satisfactory mode of studying lymph-spaces had apparently not even been resorted to, for it is to be presumed that the most positive and demonstrative specimens in the possession of the author were those selected for exhibition. It is true that some of the sections under the microscope showed a cellular hyperplasia of the connective tissue—an appearance by no means new to to the scientific world.

[&]quot;Recognizing the importance of this reputed discovery,

this learned society had at once appointed a committee consisting of its most experienced microscopists, to examine anatomical preparations which Dr. Formad should lay before it in proof of his announced discovery. Nearly eighteen months have since elapsed, and yet, during all that time, not one preparation had been submitted for examination by that committee."

"Even admitting," says Shakespeare, "that this hypothesis concerning the anatomy of the lymph-spaces of the so-called scrofulous animals was, by the most indisputable evidence, demonstrated beyond the possibility of doubt, it still contains absolutely nothing which, by itself, either necessarily supports the conclusion of Dr. Formad, regarding the non-specifity and non-infectiousness of tuberculosis, or antagonizes the claim of Koch for the specific pathogenic qualities of his tubercle bacillus. When this hypothesis shall be a fixed and determined fact, we shall then be placed only one step nearer a correct understanding of the ætiology of tuberculosis. The reason of that peculiar predisposition which certain animals are known to show toward tuberculosis may then have been satisfactorily explained. But what the exciting cause of that peculiar malady may be, is an entirely different question."

It is in this manner that Dr. Shakespeare, backed continually by his own well known technical abilities, endeavors to demolish Dr. Formad's formidable arguments. Dr. Formad has lately written a letter (June 20) to the editor of the New York *Medical Journal* taking exception to certain statements made by Dr. Shakespeare in the above mentioned argument, but nothing in the way of a serious rebuttal of the damaging criticisms made upon his views have as yet appeared from him. The inoculation experiments, so thoroughly antagonistic to the doctrine of the specific inoculability of tubercle and other numerous and heavy points argued by Formad, are not so deeply affected by Shakespeare's criticisms as to forbid their remaining a towering contradiction to the views and experiments of Villemin and of Koch.

Dr. Webb, the latest of Formad's opponents, has limited himself almost exclusively to the practical issue: Is consumption contagious? Casting aside all histological considerations, unbiased by experimental prejudices, and leaning solely upon clinical observation and practical experience, he declares his opposition to the non-contagionist views of Formad, and strongly affirms himself a believer in the direct communicability of phthisis.

First, he takes exception to the statement made by Formad that "according to the observations of the most prominent clinicians there is not a single authenticated case of tuberculosis as a result of contagion on record." Dr. Webb quotes, with proper references, the names of C. B. Coventry, S. G. Morton, Daniel Drake, Touchard, H. G. Bowditch, Viallette, Bergeret, Hardey, L. Tait, Stevens, Bernard, Chamotin, Herman Weber, Flint, Sr., Holden, Reich, Da Costa, Booth, Bryhn, and others, as those who have observed and recorded such cases. He controverts the idea of the direct heredity of consumption, he also furnishes a swollen list of names of illustrious men, who from the remotest antiquity to the present day have maintained the contagiousness of consumption, —but this is the citation of mere opinions and alters but little the aspect of the question, the clinical observations collected by this writer together with Shakespeare's technical objections, are the only arguments that Formad must answer, if he is to sustain much longer his position.

We are watching with deep interest this great controversy, not only as its various phases are being evolved in our country, but elsewhere, over the world. Is it at all strange, when we behold this constant and increasing clash of the master intellects of our profession, who, with a thorough and indubitable possession of the facts of this great problem, hold such apparently irreconcilable opinions, that there should exist a "ring of mystery" in the minds of most, if not all, physicians, about this whole matter? We hope, however, with Dr. Webb, that when in the near future the smoke and dust have been made to subside by the great

workers who are now engaged in this promising field of labor, and when all the avenues and by-ways are macadamized, so to speak, by their results, then will this mooted and intricate subject be far on the way to a final settlement, and millions of lives saved annually from premature graves.

To conclude, we will state that we are persuaded that the frequent discussion by the Philadelphia County Medical Society, as at present conducted, or by the other leading societies of the various medical centers of the country on points connected with the etiology of disease and particularly of this specific entity, tuberculosis, will do much good by stimulating the efforts of those who are engaged in such investigations, and by enabling others who are interested in the work to make suggestions or offer criticisms that may be of some advantage to them.

SUMMUM JUS, SUMMA INJURIA.

The recent action of the Board of Health of the State of Louisiana brings forcibly to mind the truth of the above trite and laconic adage. It is very apparent that said body believes, to otherwise express it, that "the best way to get rid of an obnoxious law is to enforce it," and that to its fullest extent. In adopting a policy of forty days' detention of vessels from infected ports and ports liable to infection, the object appears to have been that of fully exercising the only power conferred upon the Board, viz.: detention as a means of preventing the introduction of infectious diseases, to the end that, by demonstrating to those directly interested in the maintenance of the commerce of New Orleans, the injury which is the necessary result of such action, steps might be taken to provide the power and necessary means for putting into execution a scientific and enlightened system of protection, consisting of thorough cleansing and disinfection of vessels, with a minimum period of detention.

That present methods, as enforced at the Mississippi River Quarantine, have been disastrous is undeniable. In his recent address to the commercial bodies of this city, the president of the Board of Health showed conclusively, by unimpeachable figures that, owing to these methods, the trade of New Orleans has been injured to the extent of millions of dollars in its relations with West Indian and Central and South American ports, without any apparent benefit in the shape of protection from yellow fever.

Let us look at the facts as presented by Dr. Holt in the address referred to. He says:

"Let us now examine the question and determine in how far this system of quarantine is a quarantine against the importation of the commodities of commerce. I present you here an exhibit of the prevalence of yellow fever in New Orleans during the last fifteen years, our quarantine prevailing all the while. This is particularly interesting to those who maintain that yellow fever can appear here only as immediately imported.

Years. Cases.	Deaths.
1869 9	3
1870	587
1871114	54
1872 83	39
1873288	226
1874 20	ΙΙ
1875	61
1876 83	42
1877	I
1878	4046
1879 48	19
1880	2
1881	
1882	4
1883 I	* 1
wearings.	**************************************
Total	5096

* * * * I present these figures as extremely interesting and, as to our system of quarantine, finally convinc-

^{*} The death on the 7th November, 1883, occurred after quarantine had ceased.

ing. Here is a failure twelve times out of a possible fifteen. If our quarantine system were a man at a shooting match, and he were to make such a score, his gun would be taken from him and he would be driven ignominiously from the field."

Again, further on we find, that,

"Imports of coffee to New Orleans from all sources during the years: 1859, 408,396 bags; 1870, 130,742 bags; 1880, 249,674 bags; 1883, 260,145 bags.

In 1859 New Orleans received about one-half the total import of coffee grown in the Western Hemisphere—in 1883, a little less than one-tenth.

Exports to the Island of Cuba:

	Bacon, casks.	LARD, tierces.	Corn, bushels.
1859	2,150	20,890	
1870	707	4,063	124,147
1880		200	156,144
1883	20	369	48,636

This table is a feeble and most imperfect exposition of the magnitude of our commercial loss. The aggregate amounts to millions and millions of dollars."

In the face of these facts can any one doubt for an instant, the absolute folly and impotency of the system of quarantine as now enforced, a system that has been in vogue for many years with all its disastrous consequences.

After having demonstrated to the commercial men of New Orleans, that with its present means the Board of Health could give no guarantee of protection, beyond adopting a period of detention which practically amounts to non-intercourse, and that the full enforcement of its powers was confessedly an oppression, the President of the Board, Dr. Holt, with that commendable fixedness of purpose, determination and enthusiasm which characterizes him in all his official actions, went before the Legislature in person and succeeded so far in carrying conviction that an appropriation of \$30,000 was voted for the purpose of bringing about such amelioration as will remove all

cause of complaint; and now for the first time in the history of quarantine in Louisiana there is fair promise of reform. Evidently the "extreme injury of extreme justice" has been so well demonstrated in this instance that the full enforcement of the law authorizing detention has proved to be its death blow. Of course it is hardly to be expected that anything can be done this season. The time necessarily to be occupied in putting the plans into shape and in constructing the necessary buildings, machinery, etc., militates against any change being made for several months to come, but there is hardly a doubt and every reason to expect that by next Spring, or possibly earlier, everything will be in readiness to put to an end effectually and forever the present antiquated and primitive system.

THE CHOLERA.

The danger from the cholera in Egypt during July of last year called for extended editorial remarks in the August number of this Journal The gravest apprehensions of invasion of this country were then awakened. But we were spared. Now, however, we are again threatened by this oriental scourge, which assumes for us a more terrible aspect, for, dreadful as it always appears, even in its far distant Indian home, it has become this year more alarming still by reason of its augmented proportions and its nearer approach to our shores. It behooves us to watch for it with careful eye and ready hand, since it prevails endemically in Hindostan, Cochin-China, and various parts of China, with which we have free communication.

This is sufficient to attract our attention always, but its recent appearance and disastrous progress in the South of France, where it has found lodgment in such congenial soil, demand something more than a passing notice

The cholera. now ravaging Toulon, was not generally known until June 24. It was reported that one death from the disease occurred on June 4, but as cholera occasionally prevails sporadically in the South of France, and as all

ships arriving from the East had clean bills of health, either its true nature was not suspected, or, if suspected, its existence was kept secret. It is now known, at any rate, that one death took place on June 14. On the 18th June, the French Minister of Marine was informed of its appearance. On the 19th one and on 20th two deaths occurred. Of the two on the 20th, one was an infantry soldier, who died in the Sailors' Hospital, and the other a retired sea-captain, living in the neighborhood of Toulon. On the 21st, three, on the 22d, thirteen, on the 23d, five, and on the 24th twelve deaths were reported.

The mode of introduction into Toulon does not as yet clearly appear. Cholera prevails almost constantly in Tonquin and Cochin-China. The military operations of the French in Tonquin have necessitated frequent commucation between that country and Toulon, where the transport-ships are in the habit of stopping. Just preceding the outbreak of cholera, several transport-ships had arrived in Toulon from Tonquin. Three of these, especially, the Sarthe, Mytho and Bien-Hoa, have been spoken of as the possible carriers of the contagion. They reported no cases en voyage, and none of their crews were among the early cholera-patients. M. Rochard, director of the Naval Health-Department, sent from Paris by Admiral Peyron, denies that the Sarthe, or any orner transport, brought the disease to Toulon. But the British Medical Journal recalls the story of the Corrèze, "another French transport, which, twelve years ago, produced a clean bill of health at Suez, although sixty cases of cholera, thirty of them fatal, had occurred on board since she left Saigon." It has been reported, too, with what foundation we cannot say, that the Sarthe had on board twenty-four cases while in the Red Sea. The clothing of soldiers dying of cholera in Tonquin, was usually burned, other clothing being sold at public auction. Possibly some of the infected clothing may have escaped burning and have been conveyed in bundles with other clothing into Toulon. Considering, then, the frequent communication between Tonquin and France, especially Toulon, it would seem to us unreasonable to say that cholera was not imported into France.

In Toulon everything invited its entrance and favored its spread. The outbreak at Toulon, says one of our exchanges, will surprise no one who is at all acquainted with the barbaric condition, in a sanitary sense, of this the French Portsmouth. In March, 1881, the French government bestowed a gold medal upon Dr. Galliott for an essay on Typhoid Fever at Toulon. The facts revealed, says the Boston Medical and Surgical Fournal, were of so alarming a character that the government refused to communicate to any one the contents of this report, and, though conferring the medal, enjoined upon the Doctor the strictest secrecy. "The public has a just cause of complaint, for the authorities, having suppressed information, have rendered themselves alone responsible." By their action they allowed Toulon to become a menace to Europe. For a long time the sanitary condition of Toulon has been deplorable. In the old city there are said to be no sewers, all refuse and excrement being thrown into the gutters, which find their way to the Mediterranean through the Vieille Darse. The sea being here tideless, the matter is rendered much worse. The weather, too, has been unusually warm. The decaying organic matter and the putrefying excrement have made the emanations in certain quarters unendurable. The conditions being, then, all favorable, only one importation was needed to start a fearful epidemic, the end of which we will not venture to predict.

On June 24th, the disease appeared in Marseilles, a city of nearly 400,000 inhabitants and not specially known for its uncleanliness. It was undoubtedly carried from Toulon in the person of a child sent home from school a few days after the breaking out of the cholera. Large numbers of panic-stricken people have daily fled from these cities in all directions, carrying and scattering, possibly, the germs of the disease in other places. Two cases were reported from Transylvania July 10th, three in the Island of Minorca

and one at Nimes, in France. From Marseilles it spread to Arles, where it is reported on the increase. Two refugees from Toulon were attacked with cholera in Daluzzo, in Italy. Cases have been rumored in Nice and in Lyons. Cholera-laden vessels have been signaled off Lisbon, and even Liverpool has been threatened by a late arrival in the Mersey. Reports of cases, though not at this date authenticated, in Paris and in Madrid, still further increase our apprehensions.

We would not play the role of alarmists, but we think the existence of so many foci of infection should incite us to the utmost vigilance. To be fore-warned should urge us to be fore-armed.

The methods hitherto in operation for preventing the introduction of cholera are very expensive and confessedly inefficient. All the nations of Europe, excepting only England, following the example handed down from the middle ages, have established the cordon sanitaire and the events of this year may determine the true value of a shotgun quarantine in keeping out cholera. While we must condemn senseless quarantine of detention simply and admit that "cholera may evade all cordons and be smuggled in despite of quarantine regulations," we are decidedly of opinion that, as the British Medical Journal asserts, "much good may be effected by a rigid supervision of the high roads of maritime traffic and strict detention and inspection of all ships arriving from infected ports." We do not believe cholera will ever originate in this country; we believe it can only invade this country concealed in the intestines or attached to articles which have been contaminated by contact with cholera patients. We further believe, not only that an importation is necessary, but that there must be a suitable soil for its propagation. A few cases being introduced, sanitation will prevent its spread. We quite agree with the following editorial remarks of the New York Medical Record, which we quote in extenso:

"The only system of preventive measures against epidemics of foreign origin, which can ever adequately

accomplish the purpose, was partially organized by the National Board of Health. Had its powers been equal to the task, we should now have a service which would be an impregnable defence against the invasion of cholera.

"That board inaugurated the following scheme, viz: I. The cooperation of commercial nations in notification of the existence of pestilential diseases, in uniform and wellmatured measures of defense and protection. 2. Sanitary inspection of every vessel at the port of departure, with power to detain and care for the sick, to secure absolute cleanliness of the ship, and to thoroughly supervise the cargo. 3. A sanitary service at sea which should isolate every form of contagious disease, destroy the first evidence of contagion, and preserve the vessel, passengers and cargo, in the best sanitary condition. 4. A series of insular refuge stations to which every infected vessel must resort before attempting to enter a port; this station was to be fully equipped with every appliance which science and experience could suggest for the cure of the sick, the cleansing of the ship and the purification of the cargo. 5. Local quarantines, with every provision for the most exact expert examination of passengers, cargo and vessel, as to the presence of the germs of the disease.

Such a service is practicable and when fully perfected and put in operation will bring to a summary termination the roving pestilences which now infest the great lines of travel and commerce. But until this reform is accomplished local sanitary authorities must rely upon works of cleansing to remove every condition favorable for the reception and propagation of the epidemic, and by vigilant inquiry and inspection discover the first evidences of the presence of the disease and destroy every vestige of contagion."

Such a plan is being in a measure carried out by the local boards of health assisted by the Marine Hospital service and the general government, but it is to be much regretted that the Marine Hospital or other service of the government has not been so fully strengthened by appro-

priations as to be thoroughly prepared to meet in coöperation with local health authorities all emergencies that may arise.

It appears that a certain Dr. Lecaille, of Brazil, who is reputed a drummer of the Declat (carbolic acid) Manufacturing Company, has managed through some inconceivable influence, to obtain from the Spanish government the appointment of "Experimental Chief," or President of a scientific commission, specially instructed to experiment with, and determine the value of, carbolic acid and its com pounds (Declat's, of course) in the treatment of yellow fever. According to the Cronica Medico-Quirurgica of Havana, the profession in Cuba look upon Lecaille as an ignorant and pretentious adventurer who is endeavoring to obtain by this official means a substantial endorsement for Declat & Company's phenicated preparations. The gentlemen appointed by Royal order to serve under Lecaille's instructions are all men of distinction and recognized scientific worth, two of them being professors of the University of Havana, and the others medical officers of high rank in the army and navy. All, of course, feel deeply humiliated by this disgraceful action, as it is rightly considered—of the government—particularly since the Academy of Sciences of Havana elaborately reported four years ago (at the request of the Minister of the Colonies), and most unfavorably commented upon the Declat system of carbolic medication in yellow fever. The able editor of the Cronica, however, is making things pretty hot for the adventurous "carbolophilist," and it is not unlikely he will seek a more congenial clime in some other habitat. Certainly his advent to Cuba has not turned out such an affair d'eclat as he probably anticipated, in spite of the Royal order and the magical properties of the nascent phenique.

Considerable alarm was created in our city, and particularly in commercial circles, by the announcement yesterday (July 23) of the death of a little boy, Safely Patterson,

aged three years and six months, at No. 80 Third street, fourth district, with yellow fever. The case was diagnosticated yellow fever by both the attending and consulting physicians, Drs. Bailey and Mainegra, who examined the child one day before its death. We regret that want of space forbids our commenting as extensively upon the occurrence as the importance of the case deserves, still from all the evidence at our command, it appears that the diagnosis was made upon insufficient grounds and that the alarm caused by the premature publicity given the diagnosis might have been avoided by a more careful consideration of the symptoms, or, at least, by waiting until the final decision of a thorough necropsy would have furnished the data for discussion. As it was, the diagnosis, or at least the death certificate, was communicated to the public press, and perhaps announced to the whole country many hours before the post-mortem made known the real character of the case.

From the accounts given by Dr. H. D. Schmidt, whose opinions in these matters are so authoritative, that they may be regarded as final, and by Drs. Finney, Salomon, and Godfrey, who performed the autopsy, the case was not one of vellow fever. Dr. Holt, president of the Board, believes the patient died of the disease, notwithstanding the unanimous verdict of his colleagues to the contrary. The Board, however, acting upon a resolution offered by Dr. Salomon, telegraphed to the Surgeon-General of the Marine Hospital Service, President of the National Board of Health, and the State health authorities of Alabama, Mississippi, Florida, Texas, Arkansas, Tennessee and Illinois, that a suspicious case of fever had occurred in New Orleans, reported as yellow fever by the attending physicians, but which was not confirmed as such upon post-mortem and microscopic examination by Dr. II. D. Schmidt, pathologist of the Charity Hospital.

[Note.—Since the above was written, Dr. Mainegra, the consulting physician, has disclaimed the diagnosis of yellow fever, and states that he believes the case to have been one of hemorrhagic fever.—Eps.]

We have received, and return thanks for, an invitation from his Honor the Mayor of the City of Philadelphia, to be present in that city on July 16th, at a meeting "for the organization of some plan whereby the great manufacturing interests of the city may be properly presented at this Exhibition." We sincerely hope that the meeting may be eminently successful in the executing on a large and splendid scale the important measure proposed.

CORRESPONDENCE.

For the New Orleans Medical and Surgical Journal.

AN APPEAL TO THE PHYSICIANS OF LOUISIANA.

Respected Confreres—Without a thorough organization of the regular physicians of the State, into local and district societies, it is utterly impossible to build up a useful and permanent State Medical Association. We have only to refer back to our own past medical history, to find ample corroboration of this truth.

At the suggestion of the Attakapas Medical Society in May, 1848 (of which I was a member), seconded by the Physico-Medical Society of New Orleans, some physicians met in New Orleans March 20th, 1849, with a view of organizing a State Medical Society, but adjourned to the 2d of December of that year, and on the 4th did organize a State Society, consisting of 42 members; but of the 42 physicians who then became members, only 2 of them were from the country, the remaining 40 being all from the parish and city of New Orleans. In 1853, the State Medical Society numbered upon its rolls 89 physicians, of whom only 12 were from the country, the remaining being all from New Orleans.

of this State Medical Society after 1856. And wherefore? Not from lack of ability and the highest medical qualifications of its members, for whoever will look over the list of membership will find the names of those who stood among the first medical men of that age, and an honor to the profession of any country. It simply died out from this one element of weakness, viz.: from lack of recognition by the regular physicians of the State and want of their active participation in its meetings and its work.

After a lapse of twenty-two years, a medical convention was held in New Orleans in January, 1878, brought about by the efforts of the "Plaquemine Parish Medical Society and the "Shreveport Medical Society," and the present "State Medical Association" was organized on the 15th of that month, numbering 46 members from New Orleans and 34 from the country, the latter being from fourteen different parishes of the State. At present, we have, from about thirty country parishes, nominally a few over 100 members, with some 60 to 70 members from New Orleans. This should indicate some strength and permanence in our State Society, and would, if there were earnestness and life in our local and parish societies. But it is sad to reflect, that at our late annual meeting in Baton Rouge there were present less than fifty members, and perhaps not over fifteen or sixteen parishes represented, while some 80 or 90 members had failed to pay their annual dues.

This manifest indifference on the part of our members, and this lack of zeal to work up the profession of medicine in our State to that high and commanding position so earnestly desired by all true votaries of the science, is most deeply to be regretted, as well as deeply mortifying.

I appeal to you, honorable members of the Louisiana State Medical Association, and to the regular members of the profession, to shake off this indifference and this apathy. If you love your profession, which I cannot doubt; if you desire to elevate its standard, to make the profession and science of medicine useful to the people of the State, and to command the respect and admiration of your enlightened and intelligent citizens, rouse up from

apathy and take a zealous and intelligent interest in every effort to purify and elevate the ranks of the profession. Strive, brothers, to organize parish medical societies throughout the State, and endeavor to get every regular physician enlisted heartily in the work, and by frequent meetings and systematic work much good will be most certainly accomplished.

Fraternally,

RICHARD H. DAY.

Roane, Lincoln Parish, La., June 20, 1884.

Editors of New Orleans Medical and Surgical Journal:

DEAR SIRS—Please permit a medical student to thank you for remarks made in June number of Journal in connection with the American Medical Association, regarding the "Code of Ethics." I would ask the JOURNAL to continue in the good work. Its pages greet the eyes of isolated practitioners, who not often meeting brother members of the profession, nor passing their days in an atmosphere of culture and refinement, gradually have their finer senses blunted and give tolerance to empiricism. But they believe in their JOURNAL, and healthy thoughts clothed in vigorous words emanating from such a source would bear much weight, this tolerance would have its toxic effect, they would bury in the deep grave of the past all memory of the "New Code" and its pernicious indecencies. During a term of years spent at school and college in Europe I heard not the faintest whisper that would indicate a wish to break asunder that unseen "Ethical" bond that should render a follower of Esculapius "san peur et sans reproche."

Let all the standard journals join hands with the American Medical Association in insisting on a higher grade of education as a sine qua non to the acquirement of the diploma of an M. D. When the mental vision becomes clearer these relapses will cease. Physicians will meet in consultation or otherwise, and although their opinions and methods may differ, will talk and part with the courtesy that should

rule among gentlemen, but which, at the present time, thanks mainly to a limited education, to a cachexia unfavorable to the growth of nobler sentiments and a consequent readiness for a new departure to any sect or schism, is an exception and unfortunately not the rule.

Very respectfully,

FRED. B. F. MORRIS.

ARCADIA, LA., June 20, 1884.

Editors New Orleans Medical and Surgical Journal:

I send you herewith a report of the organization of "The Bienville Parish Medical Society," which was effected on May 8th, 1884, with the following officers and members:

W. C. Patterson, M. D., President, Arcadia, La.

T. H. Pennington, M. D., Vice-President, Arcadia, La.

J. B. Borrow, M. D., Recording Secretary and Treasurer, Arcadia, La.

F. M. Thornhill, M. D., Corresponding Secretary and Librarian, Arcadia, La.

S. A. Pool, M. D., Simsboro, La., R. F. Harroll, M. D., Sparta, La., W. E. Lee, M. D., Simsboro, La., and J. H. Givins, M. D., Arcadia, La.

And on June 4th, the organization was perfected by the adoption of a Constitution and By-Laws for the government of the Society, which endorsed the American Code of Medical Ethics as its guide.

The following Standing Committees were appointed:

JUDICIARY COMMITTEE,

T. H. Pennington, R. F. Hamell, F. M. Thornhill.

COMMITTEE ON STATE MEDICINE,

F. M. Thornhill, R. F. Hamell, J. C. Brown.

COMMITTEE ON SCIENTIFIC ESSAYS, ETC.

J. C. Brown, R. F. Hamell.

COMMITTEE ON PUBLICATION,

W. E. Lee, J. H. Gidiers,

The society meets monthly, and we hope by the closing of the present year to enroll the name of every reputable physician in the parish as a member of our society.

We already have the names of several applicants for

membership at our next meeting.

F. M. THORNHILL, M. D., Corresponding Secretary.

Reviews and Book-Notices.

Clinical Lectures on Mental Diseases. By T. S. Clouston, M. D., Edin., F. R. P. E. Physician Superintendent of the Edinburgh Asylum for the Insane, Lecturer on Mental Diseases in the Edinburgh University, formerly co-editor Journal of Mental Science, etc. To which is added an Abstract of the Statute of the United States and of the several States and Territories relating to the custody of the insane. By Charles F. Folsom, M. D., Fellow of the American Academy of Arts and Sciences, etc., Philadelphia: Henry C. Lea's Son & Co. 1884. New Orleans: Armand Hawkins, 196½ Canal street. 8vo. pp. 550. [Price, \$4 00.]

This is a remarkably well written book. It deals essentially with the clinical aspects of insanity and is free from the turbid and tiresome speculative disquisitions which abound in other texts; in other words, it is a practical treatise, one easily read, and pleasingly instructive. The author has the happy faculty of narrating clinical cases interestingly. He knows how to begin and when to stop, and never indulges in the superfluous and endless repetitions of the ordinary case reporter. This ability to write up a case properly is evidently due to long and careful training as a student and teacher. Dr. Clouston, like all alienists, devotes considerable space to the classification. and nomenclature of mental disorders, and of course has found some innovations worthy of introduction. As a clinician he is in favor of a clinical classification, and adopts the modified classification of Morel and Esquirol. The

author evinces a penchant for Greek compounds which he believes may be substituted for longer or less expressive Latin designations, for generic conditions. Thus, in view of the close analogy between neuralgia and the morbid mental sensitiveness and depression known as melancholia, he would call this state psycalgia. All states of morbid mental exaltation and excitement classed as mania, he would call psyclampsia. Regularly alternating mental states, usually of depression and exaltation, such as the folic circulaire of Baillarger, he would designate psycorythm. The fixed delusional states, without excitement or depression, or monomanias, he would call monopsychosis. When the morbid condition is one of mental enfeeblement, properly known either as amentia or dementia, he would style it psychoparesia. Psychocoma would define a negation of mentalization resulting from disease, where the patients are insensible to external influences, will not speak, where attention is quite gone, and where they appear not to think or feel at all. (Melancholia attonita, type of this group.) Cases of defective mental inhibition without marked depression, exaltation or enfeeblements, would be classed under the generic name psychokinesia. Homicidal, suicidal, and other like impulses are types of this group. Finally, the insane diathesis he would call psychoneurosis. The book embodies nineteen lectures which deal with the subjects embraced under the following headings:

(1) The clinical study of mental diseases; (2 and 3) states of mental depression—melancholia (psychalgia); (4) states of mental exaltation—mania (psychlampsia): (5) states of alternation, periodicity and relapse in mental diseases (psycorythmia); (6) states of fixed and limited delusion—monomania (monopsychosis); (7) states of mental enfeeblement—amentia, dementia (psyco-paresis); (8) states of mental stupor (psychocoma); (9) states of defective mental inhibition, impulsive insanity, etc. (psychokinesia); and also the insane diathesis; (10) general paralysis and paralytic insanity from gross brain lesions; (11) epileptic insanity and traumatic insanity; (12) syphilitic insanity and alcoholic insanity; (13) rheumatic, cho-

reic, gouty or podagrous and phthisical insanities; (14) uterine or amenorrheal and ovarian insanity, hysterical insanity, and insanity of masturbation; (15) insanities of the puerperal state, pregnancy and lactation: (16) insanities of the times of life, puberty and adolescence; (17) climacteric and senile insanities; (18) rarer varieties of mental disturbance: (19) medico-legal and medico-social duties of medical men in relation to insanity. Finally, in order to render the work more useful to the American practitioner, Dr. Folsom, with the assistance of Hollis R. Bailey, Esq., has added an appendix on the laws of the United States and of the several States, relating to the custody of the insane.

We cannot too favorably commend Dr. Clouston's work to our readers; it is undoubtedly the fruit of a matured experience, immense observation and profound erudition, all of which tend to make it unusually valuable as a practical book of reference to all practitioners who have to deal with insane subjects.

Elementary Principles of Electro-Therapeutics, for the use of Physicians and Students. With 135 Illustrations. Prepared by C. M. Haynes, M. D. Published by the McIntosh Galvanic and Faradic Battery Company. Chicago, Ills. 8vo. pp. 426. [Price, \$2 00.]

This is a surprisingly good production, considering that it largely serves as an advertising medium for an electric battery company. It is very cheap indeed, for the large amount of really valuable and instructive matter contained in its pages. Dr. Haynes handles his subject with a remarkable degree of perspicuity and expertness. elementary principles proper are taught so clearly and practically, that even readers who are uninformed in the physical sciences will be able to comprehend and digest the lessons in which they are taught. Though this book is decidedly inferior, as a treatise, in originality and scientific depth, to many of the later texts on the subject, it still has its own individuality in the field of medical education as a work admirably adapted to instruct the inexperienced practitioner in the thorough and practical application of electricity to disease, and as such we cordially recommend it to our readers.

METEOROLOGICAL SUMMARY—JUNE. STATION—NEW ORLEANS.

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	Means	29.96	79.4	184.1	72.9	9	1876 6-20 1882 2-71 1877 2-75 188312-05

H. B. BOYER, Observer, Signal Corps, U. S. A.

MORTALITY IN NEW ORLEANS FROM JUNE 21ST, 1884, TO JULY 19TH, 1884, Inclusive.

Week Ending.	Yellow Fever.	Malarial Fevers.	Consump- tion.	Small- Pox.		Total Mortality.
June 28th July 5th July 12th July 19th	0 0 0	4 12 8 14	23 22 19 12	4 8 3 3	3 6 1	188 179 164 138
Total	0	38	76	18	11	669

LACTOPEPTINE

DEMONSTRATED SUPERIORITY OF LACTOPEPTINE A DICESTIVE ACENT.

Certificate of Composition and Properties of Lactopeptine by Prof. Attfield Ph. D., F. R. S., F. I. C., F. C. S., Prof. of Practical Chem. to the Pharmaceutical Society of Great Britain.

LONDON. May 8, 1882. Lastopeptine having been prescribed for some of my friends during the past five years—apparently with very satisfactory results—its formula, which is stated on the bottles, and its general characters, have become well known to me. But recently, the manufacturer of this article has asked me to ently with very satisfactory results—its formula, which is stated on the bottles, and its general characters, have become well known to me. But recently, the unanufacturer of this article has asked me to witness its preparation on a large scale, to take samples of its ingredients from large bulks and examine them and also mix them myself, and to prepare Lactopeptine from ingredients made under my own direction, during all this with the object of certifying that Lactopeptine is what its makers profess it to be, and that its ingredients are in quality the last that can be obtained. This I have done, and I now report that the almost inoderous and tasteless pulverulent substance termed Lactopeptine is a mixture of the three chief agents which enable ourselves at all animals to digest food. That is to say, Lactopeptine is a skill-fully prepared combination of meat-converting, fat-converting, and starch-converting materials, acidified with those small proportions of acid that are always present in the healthy stomach; all being disseminated in an appropriate vehicle, namely, powdered sugar of milk. The acids used at the factory—lactic and hydrochloric—are the best to be met with and are perfectly combined to form a permanent preparation; the milk sugar is absolutely pure; the powder known as "diastase" or statch-digesting (bread, potato, and pastry-dipesting) material, as well as the "pancreatine," or fat-digesting ingredients, are as good as any I can prepare; while the pepsin is much superior to that odinarily used in medicine. Indeed, as regards this chief ingredient, pepsin, I have only met with one European or American specimen against she has any given weight of acidified pepsin, alone, at first, acts somewhat more rapidly than Lactopeptine containing the same weight of the same pepsin. Sooner or later, however, the action of the Lactopeptine containing the same weight of the same pepsin. Sooner or later, however, the action of the Lactopeptine containing the same weight of pepsin alone, due, no doubt, to the m JOHN ATTFIELD.

LACTOPEPTINE contains all, the agents of digestion that get upon food, from mastication to its conversion into chyle, thus combining all the principles required to promote a Healthy digestion.

One of its chief features and the rise which has gained it a preference over all digestive preparations) is, that it precisely represents its composition the natural digestive lines of the stomach, panoreas and salivary glands, and will therefore readily dissolve all foods necessary to the recupication of the human organism.

FORMULA OF LACTOPEPTINE.

Pepsine 8 ounces. L	eg. Ptyalin or Diastase
---------------------	-------------------------

LACTOPEPTINE is sold entirely by Physicians' Prescriptions, and its almost universal adaption by physicians is the strong strainted we can give that its therapeutic value has been most thoroughly established.

The undersigned having tested LACTOPEPTINE, recommend it to the Profession.

ALFRED F. A. KING, M. D., Brof. of Pathological and Practice of Maleria, University of the City of New York.

Med., University of the City of New York.

Medical College
M. D., Prof. of the Science and Art. of Surg.

Medical College
M. D., Prof. Chem., Mat. Med.
M. M. O. Safferfiles. M. D., Ph. D., Prof. Chem., Mat. Med.
M. M. O. Safferfiles. M. D., Ph. D., Prof. Chem. and Hyg.
M. M. D. College of Dent.; Prof. Chem. and Hyg.
M. M. D. College of Med. and Med. Juris., Jeff. Med. College; Phy. to Ph.
M. M. D. M. M. D., Chem. Med. Med.
M. M. D. M. M. D., Chem. Med. College Med. College Med. Association of Ga.
M. M. D. W. W. D. W. M. D., Chem. Med. Ohio, Prof. Prin. and Pract.

M. W. D. D. W. M. D., Chem. M. D., Chem. Med. Challege Med. Association of Ga.
M. W. W. D. W. W. D. W. M. D., Chem. M. M. D., M. D., M. D., Mobile, Ala.
M. M. M. D., W. M. D., M. D.,

Hospital, Y. W. DAWSON, M. D., Cucinnati, Ohio, Prof. Prin. and Prac-Burg., Med. Col. of Ohio, ; Sur. to Good Samaritan Hospital.

Paor. JOHN ATTFIELD, Ph. D., F. R. S., F. I. C., F. C. S., London, Eng., Prof. of Prac. Chem. to the Pharmaceutical Society of Great Britain.

For further particulars concerning Lactopeptine, the attention of the Profession is respectfully directed to our \$2-page Pambles, which will be sent on application

NEW YORK PHARMACAL ASSOCIATION. Nos. 10 & 12 COLLEGE PLACE, NEW YORK.

FELLOWS' HYPO-PHOS-PHITES

(SYR: HYPOPHOS: COMP: FELLOWS)

Contains THE ESSENTIAL ELEMENTS to the Animal Organization— Potash and Lime;

The OXYDIZING AGENTS-Iron and Manganese;

The TONICS-Quinine and Strychnine;

And the VITALIZING CONSTITUENT—Phosporous, Combined in the form of a Syrup, with slight alkaline reaction.

IT DIFFERS IN EFFECT FROM ALL OTHERS, being pleasant to taste, acceptable to the stomach, and harmless under prolonged use.

IT HAS SUSTAINED A HIGH REPUTATION in America, and England for efficiency in the treatment of Pulmonary Tuberculosis, Chronic Bronchitis, and other affections of the respiratory organs, and is employed also in various nervous and debilitating diseases with success.

ITS CURATIVE PROPERTIES are largely attributable to Stimulant, Tonic, and Nutritive qualities, whereby the various organic functions are recruited.

IN CASES where innervating constitutional treatment is applied, and tonic treatment is desirable, this preparation will be found to act with safety and satisfaction.

ITS ACTION IS PROMPT, stimulating the appetite, and the digestion, it promotes assimilation, and enters directly into the circulation with the food products.

THE PRESCRIRED DOSE produces a feeling of buoyancy, removing depression or melancholy, and hence is of great value in the treatment of mental and nervous affections.

From its exerting a double tonic effect and influencing a healthy flow of the secretions, its use is indicated in a wide range of diseases.

Each Bottle of Fellows' Hypophosphites contains 128 doses.

Prepared by JAMES I. FELLOWS, Chemist,

48 Vesey Street, - NEW YORK.

Circulars and Samples sent to Physicians on application.

SPECIAL TO PHYSICIANS.—One large bottle-containing 15 oz. (which usually sell for \$1.50) will be sent upon seceipt of Fifty Cents with the application, this "will be applied to the prepayment of Expressage, and will afford an opportunity for a thorough test in Chronic cases of Debility and Nervoueness. Express Charges prepaid upon at samples. For Sale by ALL DRUGGISTS.

VOL. XII.

SEPTEMBER, 1884.

No. 3.

THE NEW ORLEANS

MEDICAL AND SURGICAL

JOURNAL.

EDITED AND PUBLISHED BY

THE NEW ORLEANS MEDICAL PUBLISHING ASSOCIATION:

New Series—Published Monthly at \$3, per Annum, in advance. Single Copies, 30 Cents.

> Paullum sepulta distat inertia Celata virtus.—Horace.

DISCLAIMER.

The Editors of this Journal, while commending its contents to its readers as worthy of their attention, would not be understood as endersing any opinions or statements in articles not written by themselves:

NEW ORLEANS:

L. GRAHAM & SON, STATIONERS AND PRINTERS, 127 GRAVIER ST.

SHARP & DOHME, Manufacturing Chemists & Pharmacists,

BALTIMORE, MD.

(See advertisement p. 16.)

We respectfully invite the attention of Physicians and Druggists to the Medicinal Preparations of our manufacture, which will be found of superior quality and in every respect reliable, all possible care being used both in selection of material and in their manufacture to produce preparations of uniform strength and of the best quality only.

We prepare all the Officinal and other Standard MEDICINAL FLUID AND SOLID EXTRACTS,

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SUGAR COATED AND GELATINE COATED PILLS AND GRANULES.

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SYRUPS,

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OLEATE OF MERCURY, ETC., ETC.

Catalogues giving composition, doses and medical properties of all our Preparations mailed to Physicians by applying either direct to us or to our Wholesale Agent.

I. L. LYONS,

Wholesale Druggist and Importer of English and German Chemicals
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Tongaline

Liquor Tongae Salicylatus

THE NEW REMEDY FOR NEURALGIA AND RHEUMATISM.

Tonga is a product of the Tonga or Friendiy Islands, and has long been used as a domestic remedy by the natives of the Fiji Group. It was introduced to the notice of the medical profession by Drs. Ringer and Murrell, of London, England, who have made some very thorough and most satisfactory experiments as to its therapeutic value.

Toncyclime is a combination of Tonga with powerful salicylates, whereby the remedial properties of the Tonga are secured and increased. Each fluid drachm of Souscaine represents: Tonga 30 grains; Extractum Cimieffuge Racemosæ, 2 grains; Sodium Salicylate, 10 grain; Colchicin Salicylate, 1-500 grain.

It is taken internally and intended to reach the cause of the complaint, not merely to allow the symptoms. Contains no opium in any form whatsoever. Is attended with no injurious nor unpleasant reactionary effects.

DOSE: Teaspoonful. In scale cases every hour until pain ceases, then discontinue. In chronic forms, four to six times per day at tegular intervals. To prevent recurrence, every two hours.

St. Paul, Minn., Nov. 1a, 1883.

I am prescribing Example with satisfactory results. For the indefinite aches and pains of nervous patients it is superior to any other anodyne. For nervous headache or muscular rheumatism it is almost a specific.

PARK RITCHIE, M.D.

PARK EFFUHIE, M.D.

Cleveland, Ohio, July 3), 1883.

A have used your proparation, Sanguare, extensively, and have been well satisfied with its results. You are to be congratulated on the value of the article which you offer to physicians.

R. A. VANCE, M. D.

Plainfield, N. J., March 11, 1884.
Have used Sougowae constantly for some months both in private and hospital practice, and found it all I could have desired.
C. M. FIELD, M.D.

St. Louis, July 20, 1883.

I have found **Songarine** a useful combination in rheumatic neuralgia.

C. H. HUGHES, M.D.

Louisville, Ky., June 12, 1883.

I have used **Source** during the past few weeks in neuralgic affections, many of them in a severe form, with the most gratifying results, and these results have been quite uniform.

T. S. BELL, M.D.

Cincinnati, March 11, 1854.

Have used **Tongatime** in cases of neuralgie headaches with success in almost every instance. In strictly neuralgic forms it is unexcelled.

O. D. NORTON, M.D.

NEW ORLEANS

MEDICAL AND SURGICAL JOURNAL.

SEPTEMBER, 1884.

PRIGINAL PAPERS.

Hæmonhilia.

Read before the New Orleans Medical and Surgical Association, May 2d, 1884.

By J. H. BEMISS, M. D.

It is hardly possible to present anything very startling as to the disease itself, but each case usually possesses some individual peculiarities which add something to the general history of this affection.

The first history that I shall read is that of a patient of Dr. W. II. Watkins, and it is by the doctor's permission that I am enabled to present these notes.

I was kindly asked by Dr. W. H. Watkins to see Wm. M., who was, at the time the doctor met me, suffering from a severe attack of bleeding.

William is a well built young man, 18 years old; he has a rather dark complexion, brown eyes and auburn hair. The capillary circulation of the surface does not seem more than ordinarily conspicuous. He was born in Summit, Miss., and lived in that State during his early childhood. Had always been a healthy boy, save an occasional paroxysm of malarial fever, which presented nothing unusual.

So far as can be recalled, he had had no hemorrhages during his early childhood, unless there may have occurred a few attacks of *cpistaxis*, such as boys often have, and which in his case attracted no attention.

When about 13 or 14 years old, however, his mother remembers scolding him for not sleeping under his mosquito bar, as his legs were covered from his knees down with little spots like mosquito bites. She got him another bar, and was accustomed thereafter to see that he was protected at night, but these spots continued to appear, and were very slow in leaving.

From this time on these petechiæ, if so they may be called, began to grow larger and to have the appearance of bruises. His mother remembers his coming home one evening with a large bluish spot which covered nearly the whole of his cheek and part of his neck. She charged him with having been in a fight, but he did not even know that his face was so marked. These patches began to come so frequently and to be so long in disappearing—some three or four weeks—that his father took him to Dr. W. for advice.

Shortly after this, in the spring of 1880, he had his first, serious, open hemorrhage. It was from the nose, and continued, with short intermissions, for nearly six (6) weeks, and until William was extremely prostrated. A point to be remembered is, that no pain attended these bleedings, and no assignable cause was mentioned.

As soon as strong enough, Dr. W. sent William to the country to recuperate, but he had another severe attack of epistaxis after getting there.

About a year later, William had the measles, and during the febrile stage he bled severely from the same surface.

Thus for two years he had hemorrhages, but at irregular intervals, and with no evidences of periodicity. A few spots of extravasation occasionally showed themselves, though not as many as before the open hemorrhages began. Throughout this period the main source of the blood was the nose, though he had passed a small quantity from his rectum on one or two occasions.

In the spring of 1883 he began to have intermittent fever, the paroxysms appearing on the 7th, 14th and 21st days. In these attacks he lost more or less blood. It was on an

occasion of this kind that I saw him. While in Carrollton he had a chill late in the evening, followed by a high fever which lasted all night, and which was attended by loss of blood from nose, stomach, rectum. He managed to reach his home on Josephine street about 12 M. the following day and Dr. W. saw him at 2 P. M. He then had a temperature of 103, his pulse was very weak and rapid; he was greatly excited, and was passing blood from his nose and in large quantities from his rectum. He had also vomited some blood. I saw him at 3 P. M. His general condition was much the same as at 2 P. M., but epistaxis had ceased, and his temperature was 104. While Dr. W. and I were standing near his bed talking the patient called for the vessel and passed from his rectum not less than 24 fl. 3 of dark, fluid blood which seemed to have no disposition to coagulate. I was told by Dr. W. that this non-coagulability characterized all of his hemorrhages.

William had been given ergot both by mouth and hypodermically, and also ¼ gr. morphine hypodermically.

With the exception of a few small discharges of blood trom rectum, which may have been retained, and not fresh blood, the hemorrhages ceased. It would be impossible to say how much blood he had lost, but he remembered that he was bleeding more or less all the night and morning previous to the Doctor's seeing him, and at that time, 2 P. M., he was losing large quantities from his nose, stomach and rectum, and moreover this did not entirely cease until sometime after our joint visit at 3 P M.

He makes blood rapidly, a feature of all his attacks, and so was soon up and at his occupation of engineer on Carrollton Railroad.

Dr. W. has frequently examined William's heart and lungs and reports them apparently healthy. The blood was examined microscopically and appeared normal, with a due proportion of white and red corpuscles.

The treatment has extended over such a long period that Dr. W. was only able to give me an outline of the main parts. All the mineral and vegetable hemostatics were

used during the attacks, including lead acetate, gallic acid, ergot, digitalis and ipecac.

Tinct. iron was used in very large doses, 20 to 30 drops between attacks for its superior action in increasing nutrition. Bichloride mercury proved of temporary service, though its action was not clearly understood.

Williams' grand-mother at 65 years of age had a very severe attack of hematemesis, which her Doctor said was due to the change of life, but her daughter said her mother had passed the climacteric years before. She vomited at that time an alarming amount of blood, and was very much prostrated by it. A peculiarity which attracted her daughter's attention at that time, and to which she attached much importance, was the fact that an enlarged spleen of the old lady's was reduced to just a little above normal size by this hemorrhage, but afterwards regained its large dimensions.

This old lady frequently had attacks of epistaxis which were very severe. She never complained of profuse menstruation, but she was peculiar in never alluding to such matters either in herself or others. Nor can Mrs. B. recall that her mother was wont to flood after delivery. But she does know that her mother always had large bluish spots on her body and limbs, and in the latter part of her life she was subject to vomiting blood. All these attacks were painless and attended by no fever or other bad symptoms.

She died at quite an advanced age, over 70, and quite suddenly. She was taken sick at II A. M., and died at IO P. M., the same day. The cause was some form of hemorrhage, in which unconsciousness was a symptom, but Mrs. B. was not present and can not tell its exact nature.

This old lady was a stout, well-formed, active woman. Her skin was beautifully clear, her eyes blue and her hair dark. In other words, but for the color of the hair, was a typical blonde.

Mrs. B., William's mother, is a large, fine looking woman,

with a complexion and features exactly like her mother's.

She has for years had large spots on her limbs and body, some as large as, or even larger than, her hand. A slight blow is sufficient to cause an extravasation which is very slow in leaving. Others come without any apparent cause. The first one occurred some six (6) months after her marriage and without any cause that she could recall. As a young girl she suffered from epistaxis occasionally, and now her menses are very profuse, and in her confinements she has flooded severely. She has had some miscarriages and at those times her flooding was alarming. Dr. W. anticipates them as much as possible by rapid delivery and the giving of ergot.

Mrs. B. is at the present time in excellent health, but is near the menopause, and it will be interesting to know if she suffers from this tendency during that period.

Mrs. B. had a brother, who was a mild bleeder, if I may use the term. His severest attack was during the early part of the war, and it took the form of epistaxis and hematemesis. Otherwise he appeared healthy. Like his mother, he died very suddenly in June, 1883, and likewise of hemorrhage in some form.

One brother died of consumption.

Mrs. B.'s children, other than William, seem healthy enough, unless it be her little girl 8 years old who frequently bleeds at the nose and always has bruises on her limbs. Her mother thinks these are the result of her active wild disposition.

The same little girl, however, had acute inflammatory rheumatism, for which Dr. W. treated her, and in which her heart became affected.

The main points in this case are:

1st. The absence of the blonde type or any charactertics of thin-skinned or leuco-phlegmatic people.

- 2d. The strong history of heredity, and the lack of any other factor, unless malaria appears as an exciting cause.
 - 3d. The lateness of announcement of the diathesis.
 - 4th. The commencement as purpura hemorrhage, and

its disappearance when the hemorrhage becomes external.

5th. The dark grumous blood so very slowly coagulable.

6th. The thin clear complexion of the grandmother, a partial sufferer all her life.

7th. Her suffering after the climacteric and its continuance until death.

8th. The mother's trouble at her menses; the flooding after delivery and the abortions especially.

9th. Females seem, in this history at least, to be as liable as males.

10. The good affect of morphine.

II. The rheumatism in the little girl.

Some may question the propriety of placing the following case here: but there are certainly some points favoring the diagnosis of hamophilia, and no other was apparent.

James Ryan, aged 20, a native of New Orleans, came to my father's office about 11 A. M., May 19, 1883, complaining of a sore throat. He had some fever, his tongue was coated, and an examination of his throat showed both of his tonsils red and swollen, but the right by far the more so. It extended across the median line, pushing the uvula to the left and almost occluding the passage. The finger seemed to detect fluctuation without the least doubt. His throat trouble had begun some five or six days ago, but for a month previous he had had diarrhæa and dysentery; he also had a cough, with purulent expectoration. He had lost flesh rapidly, and had night sweats. Was never a stout boy.

There was no history of any diathesis in his parents, but his mother is an ignorant Irish woman, and her state. ments are not definite. His father died suddenly in 1878 from what the doctor called heart disease.

With a sharp-pointed curved bistoury, guarded to within an eighth of an inch of the point, the inner convex side of the tonsil was punctured; the left was not lanced. Λ

small quantity, perhaps a half teaspoonful, of blood oozed from the wound, but no pus. After remaining in the office some ten minutes and no pus appearing, he was given general directions and told to go home. About one o'clock, p. M., his brother came in great haste, to say that James was bleeding to death. The patient lived quite a distance from any line of cars, and from the point where he left the car he could easily be traced some five or six squares to his home by the mouthfuls of blood which he had spat up at every ten or twelve paces.

I found him sitting on the edge of a chair in a meanly furnished, badly ventilated and dark room. He was in a cold perspiration, pallid, almost pulseless, and greatly excited. His shirt was bloody, there was blood on the floor, and a wash bowl in front of him contained probably a pint of half clotted blood. His mother told me she had just emptied a bowl containing a like quantity. In attempting to clear his throat of some of the clots, he became nauseated and vomited quite a large amount of half clotted. partially discolored blood. An examination of his throat was attended with much difficulty because of the darkness of the room and the clots of blood which adhered to his teeth and sides of his throat, thereby obstructing the view Moreover, any attempt to depress his tongue was attended by an effort at vomiting. However, the result of such examination as I did make seemed to be as follows: the tonsil was reduced in size and there seemed to be a slight wound on the inner side from which bright arterial looking blood was oozing I immediately gave him 5ii fluid extract of ergot, and by means of a mop applied some Mousel's solution of iron to the wound. This seemed to have some good effect, but unfortunately, about five minutes later, he vomited again, and this apparently started the wound afresh; for in addition to the blood which he vomited, he spat up some fresh blood.

Supposing that the ergot which I had previously given him had been vomited, at least the greater portion of it, I again administered ergot with some whiskey and tincture of digitalis. I had previously put him to bed on his back with his head slightly elevated. In addition I applied the Monsel solution occasionally, but about its only effect seemed to be to discolor the parts so as to make examination all the more difficult, and to increase the nausea.

After this he spat up two mouthfuls more of blood, but save a little oozing apparently from the wound, the hemorrhage ceased. Ergot, brandy and digitalis were given in small and frequently repeated doses, and milk and beef tea were ordered to be prepared at once. As soon as I could do so I took Dr. T. G. Richardson and my father, Dr. S. M. Bemiss, to see the case. After a careful examination they were convinced that the hemorrhage was not due to a wound of any large vessel, but was either pulmonary or due to a hemorrhagic tendency. An examination of the lungs, however, was negative. At Dr. R.'s suggestion I administered gr. ¼ morphia, hypodermically, puncturing with a needle the biceps muscle. The general treatment above indicated was continued. The patient was seen again at about seven that evening, and was comparatively easy and taking nourishment. Next morning the patient was better, but complained of pain in his arm where the puncture had been made. It was somewhat red in that locality and looked as if an abscess was forming. In the evening his arm was very painful and much swollen, having an erysipelatous appearance. Warm applications were made to the arm and morphia was given internally. General treatment, except ergot, continued. Next morning the arm was swollen throughout, the shoulder being involved. It was red and very painful. The patient died suddenly at 10 A. M. When examined some two hours before death his pulse had been found to be weak, irregular and intermittent. His heart when listened to at the same time was very irregular and laboring greatly.

I must add here before proceeding to the next case, Dr. Brewer's statement that he had known the boy for some time, and had to attend him on several occasions. One in particular being a hemorrhage for which there was no assignable cause.

The points to be especially noted are—

- 1. The absence of any hereditary history. If a case of hæmophilia, it is one de novo.
- 2. The dysentery, and the progressive emaciation and cough.
 - 3. The nature of the affection, tonsillitis.
 - 4. The character of the puncture.
- 5. Length of time after puncture before the hemorrhage begun.
- 6. Dr. Brewer's statement that he knew the boy to be a bleeder.
- 7. The cause of death, i. e., the swelling of the arm and the cardiac failure.
- 8. The possibility that by the suppurative action in the gland a small vessel was eroded, which gave way when the supporting pus was removed.

The third case is also one to which some doubt attaches, because experienced physicians had made a different diagnosis; but a careful statement of the symptoms seems to point to the affection which we are discussing.

F. G., age 18, a native of Germany, was sent to the Hawaian Island by his physicians as a consumptive. The young man was wonderfully developed for his age. He was six feet one inch tall, with broad shoulders and strong muscles. He was a typical blonde, clear complexion, light hair, full set of light whiskers and blue eyes. On several occasions, both before leaving home and after his arrival on the Island, he had had severe hemorrhages which he said were always from his lungs Frequently repeated examinations of his lungs failed to reveal a cavity or any indications of tubercular deposits. He, however, had a cough, aud after one of these hemorrhages, which were undoubtedly pulmonary, there were subcrepitant rales to be heard over both lungs. One peculiarity was always present, namely: a very rapidly acting heart.

In excitement, especially such as attended his hemorrhages, it was not only rapid, but irregular and intermittent, but there were no morbid sounds.

September

He became very fond of digitalis, because of its steadying effect upon the heart. After his attacks he would pick up very rapidly. He had no purulent expectorations, though he had the very dry cough alluded to above; had no night sweats, was not emaciated, and was, all in all, the picture of health.

The hemorrhages, at least those coming under my observation, were always from the lungs, and did not come up in gushes as in cases of rupture of very large vessels in phthisis, but in mouthfuls at intervals of five to ten minutes. In other words, the blood seemed to ooze as from a sponge. I saw him one night lose a large quantity, about two pints, but he was ten hours doing so. Opium and acetate of lead pills, however, had an immediate hæmostatic effect.

In this case we note:

1st. Rapidity of growth, favoring origination de novo of hæmophilia.

2d. Absence of family history.

3d. Absence of pulmonary symptoms.

4th. Character of heart's action, giving rise to irregular congestions and capillary rupture.

5th. Character of bleeding; sudden onset, slow but steady continuance and happy effect of such remedies as opium and digitalis.

Hæmophilia, or hemorrhagic diathesis, or bleeders' disease, is an affection around which much mystery has hung because no one has been able to formulate the underlying pathology. Some contend that it is an alteration of the blood in the direction of a diminution, or any variation in quality of its fibrin, which stands as the cause of the disease. Others assert that the capillaries are deficient in the strength of their walls. Another set maintain that the pressure of the blood due to disturbed action of the heart brings about the extravasations. Still a fourth class say that the nerve supply to the vessels is in some way disordered. Any one or more of these factors may be at the bottom of the diathesis, and it is easily seen that it would

be a difficult matter indeed to demonstrate satisfactorily any one of the causes mentioned. It may be that in course of time those who will have a sufficient number of cases to study the disease properly, will be able to group them by the symptoms into classes which will be characterized by one or the other of the causes stated or yet to be discovered.

Leaving these disputed points of pathology, there may be stated under the head of etiology the following:

1st. Heredity. This seems to be well proven by facts and generally accepted, though Ritter terms the hæmophilia of infancy hamophilia acquisita, and denies that it is the same as the affection of later life. He admits that heredity may be proven, but the true cause is some other diseased condition, e.g., fungoid growths that are found under some circumstances in the blood vessels. modern writers, however, say that when the tendency appears in early life, it may be gradually overcome as the child reaches puberty, provided of course it was not so severe as to have caused death quickly. On the other hand, if the affection should lie dormant until adult life, it is apt to be obstinate and to continue. This latter point is illustrated by the grandmother mentioned in case No. 1, and perhaps William will prove to be another instance. Under this head may be mentioned a statement by a late writer that a mild bleeder is not liable to transmit his diathesis to his children, but through his daughters to his grandchildren, but a female bleeder may transmit immediately to her children. This is illustrated in our first case.

This brings us to the influence of:

2d. Sex. The sexes are unequally affected, by far the greater number of bleeders being males—about 1-12 or 15. A peculiarity to be noted is that a female born of a family with this diathesis may show no signs of it herself, but her sons are almost sure to be bleeders. When the female is affected it is usually the case that the disease attaches itself to

her special functions, i. e., her menses will be profuse, she may flood after delivery, abortions may occur. Boerner states that a girl may not evince the tendency until the beginning of menstruation or marriage produces a crisis which will excite it.

- 3d. Malaria often appears as the exciting cause, precipitating an attack because of the internal congestion of the cold stage, though the underlying pathology be weak vascular structure, deficient innervation, or something else as yet unknown.
- 4. Among the other causes stated is a defibrinated state of the blood as evidenced by its non-coagulability. This point has been denied by some, and, very possibly it does fail to exist in many instances. But such men as Flint and others contend that this is often the cause. This was probably partly the cause in William's case.
- 5. Finally there are undoubtedly cases which arise de novo, and by the term it is not meant to include those cases which are the result of leukæmia, or chlorosis, or such allied diseases. In such diseases as these last it is only a symptom, important though it may be.

The clinical history embraces the symptoms detailed above—namely, a hemorrhage which begins without any known cause in most cases, in others, appearing as an exaggerated function and continuing either steadily or intermittently until a state of acute anæmia or death results.

In infancy the umbilicus is a frequent source of the hemorrhage. In male adult life the bleeding is usually from the nasal mucous membrane and stomach, but may be from any surface or organ: e.g., lungs, kidney, bladder, rectum, skin. In females, the genital organs frequently furnish the bleeding surfaces.

Wounds, especially lacerated wounds, and blows are very liable to result in serious loss of blood. Local inflammations also, and abscesses are very apt to give rise to severe hemorrhage. A woman in child-birth is in great danger of flooding, and during her menses, and particularly at the climacteric, is almost sure to have trouble. Among other symptoms a very common one is the appearance of large spots of subcutaneous extravasation.

Those who have attacks of hematemis or hemorrhage from the lungs, frequently have premonition of the same in a sensation of weight, oppression, or even pain in the locality from which the loss is about to occur, but this is by no means general, on the contrary the opposite is the rule.

An important symptom, and one which is conspicuous by its absence in the cases which I have read, is rheumatic affection of the joints, they are not of the nature of acute inflammatory rheumatism, but more on the order of chronic infiltrations or effusions. The little girl spoken of in the first history was a sufferer on two occasions from rheumatism, one attack being especially severe, and that it was of the acute inflammatory form is shown by the fact that her heart became affected.

The prognosis is uncertain. In infancy it is bad, especially when the umbilicus is the seat of hemorrhage. In those children who gradually improve as they approach puberty the outlook for entire *curc* is good. But hæmophilia appearing in old age is especially prone to last and to hasten, if not actually to cause death.

Suggestions as to treatment are especially meagre, and this largely because the pathology is so little understood. All use ergot, and the various vegetable and mineral astringents. Some use iron (Fe,Cl,) in order that they may build up the blood and thereby improve nutrition. Others still trust largely to the so-called neurotics under the belief in the nervous origin of hæmophilia.

Cholera Discussion.

ROOMS NEW ORLEANS MEDICAL & SURGICAL ASS'N,
NEW ORLEANS, August 9th, 1884.

In conformity with the resolution of August 2, 1884, the special meeting for the discussion of cholera, was called to order at 8 p. m., August 9, 1884, the President, D. E. P. Shepard, in the chair.

The President stated what the object of the meeting was, and called upon Dr. S. M. Bemiss to open the discussion. Dr. Bemiss stated that not knowing the exact limit to which he was expected to go, he had prepared some remarks on the whole subject.

The following is an abstract of Dr. Bemiss' paper:

It was not an easy matter to condense the subject into the compass of a *paper*, therefore for the sake of brevity and system he would consider the subject under three heads:

- 1. Cholera as an epidemic disorder, including the nature of its special cause, and its mode of multiplication, and spread.
- 2. The disease from a sanitary stand point involving the means of prevention.
 - 3. Pathology and Treatment.

There are several definitions of cholera, but the one according best with present doctrines is that "cholera consists in the sum of the changes and symptomatic phenomena produced by the presence of the cholera poison in the human system."

He sums up the first division thus:

- 1. Cholera poison is material and particulate.
- 2. It so clearly possesses the power of reproduction that we are forced to regard it as an organism. It may be termed a "contagium vivum."
- 3. In this country it has never been domiciled. India is the home and birth-place of cholera.
- 4. It finds access to the human system principally by means of drinking water, or other fluids and foods.

Therefore neither mixing it with water, nor subjecting it to stomach digestion deprives it of its noxious qualities.

- 5. The atmosphere is also a vehicle of transportation of cholera infection, but whether, in such instances, it is carried by the saliva from the mucous membrane of the mouth and pharynx into the alimentary canal, or enters the blood through the respiratory apparatus is not known.
- 6. Cholera should be placed in the lead of what are termed "filth diseases," since its germs find in the intestinal tract the favorable conditions for reproduction, and in excrement the hot bed for development and maturation. The poison is not so virulent when first expelled from the alimentary canal, as after the lapse of a short time.

The second branch of the subject was concluded by the following propositions:

- 1. Cholera is eminently a disease for whose prevention quarantine measures should be enforced.
- 2. It is a portable disease and it is altogether through means of this property that the germs are enabled to cross over wide seas, or any considerable distances on land.
- 3. Drinking water, milk and other foods, textile fabrics, bedding or personal dunnage, or atmosphere brought from infected localities in shut boxes or trunks, may each act as fomites. In all these instances some constituent or constituents of cholera discharges endow the fomites with toxic qualities.
- 4. The incubative period of cholera may be reckoned as extending from a few hours to three days. In all instances in which the time of incubation is found to be longer than one week it is reasonable to suppose that the patient has been exposed to a fresh infection within that period. It therefore follows that persons detained in quarantine on account of exposure to cholera, may be released with safety after one week's detention, provided only they be absolutely rid of all fomites and be in perfect health.
- 5. No quarantined person should be released while suffering from any form of diarrhæa. Cholerine may con-

tinue for a number of days before merging into cholera. Recovery sometimes takes place from this precursory stage, but the stools of true cholerine contain cholera germs.

- 6. International or inter-State quarantine can never reach its highest attainable success without a system of mutual notification which shall be prompt and unreserved.
- 7. Authority to incinerate the bodies and effects of cholera victims should be vested in Boards of Health to be exercised whenever in their opinion the exigencies of public health calls for such action.

Under the third head, an attack of cholera was stated to include four stages; invasion, development, collapse and reaction or restitution. The symptoms and pathological changes of each stage were given, and then the general principles of treatment detailed.

It is impossible to abstract this part of the writer's paper and do it the justice it deserves. Our only regret is that we have not space to print the paper in full.

- 1. the stage of invasion or prodromal diarrhœa affords us the most precious moments for efficient medication.
- 2. The leading indication is to arrest the discharges, Opium enters into all preparations used for this purpose. He prefers gr. ss to gr. j of morphia dry upon tongue and washed down with spoonful of water, to opium and chalk mixtures or astringents.
- 3. If the stomach is very irritable or the physician must leave his patient the hypodermic syringe may be used.
- 4. Some practitioners believe collapse is prevented by atropia.
- 5. If patient had coated tongue in stage of invasion, or showed malaise with disordered secretions, calomel and opium were given. Incessant efforts at emesis were often checked by ten to twenty grains of calomel. It is not impossible that it acted as a germicide.
- 6. Chloroform internally, or by friction externally, is the best agent for cramps.
- 7. Fluids, excluding alcoholics, should be allowed in small quantities. The sulphuric acid lemonade of London Hospitals proved of value.

- 8. In malarial complications, quinine must be administered—subcutaneously if the stomach is irritable.
 - 9. Patient should resist the desire to go to stool.
- 10. Drugs are contra-indicated in collapse, except chloroform for cramps. Small quantities, frequently repeated, of liquid nourishment should be given, by mouth or rectal injection.
- II. Venous injections have lost favor but may be justifiable.
- 12. The diarrhoa of the stage of reaction must be treated with opium, bismuth, etc. But the prognosis is bad, especially when there is blood in the stool.
- 13. The fever of reaction must be treated by diluent drinks, sponging of the surface. Warm pediluvia and digitalis and *nitre* in solutions of citrate of potash or ammonia, are of service in restoring urinary secretion.
- Dr. Harvey E. Brown followed with a paper on the prophylactic measures against cholera. He discussed the subject under the heads of general and individual prophylaxis, or prophylaxis in place and in person.

The next paper of the evening was that of Dr. Dell'Orto, on the treatment of cholera. His paper consisted of a review of a number of plans of treatment recommended by various writers in the medical journals for the last ten years, and of a plan suggested by himself.

- 1st. Dr. F. M. Lowndes, of Bombay, recommended small doses of calomel at first and later a solution of chlorate of potash, hydrochloric and nitric acids, in water, alternating with beef soup, prepared by digesting with muriatic acid.
- 2d. Dr. Edward M. Hodder relates, in the Aberdeen Medical Student, 1873, two malignant cases of cholera successfully treated by the intravenous injection of milk.
- 3d. Dr. M. Hayem read before the Medical Society of Paris, in September, 1873, a paper, in which he alluded to ipecacuanha as having been useful in the premonitory stage. He said sulphuret of mercury, also, in lifteen-grain doses, had been found to arrest the rice-water dejections.

4th. Boracic acid, ten grains every two hours, combined with bicarbonate of sodium, was highly recommended by Dr. W. J. Butler in 1873.

5th. Dr. Rogers, of Ohio, considering the disease a neurosis, suggested the hypodermatic injection of morphia, ice by the mouth, external heat and friction, and the horizontal position.

6th. Dr. Wetter, before the Paris Academy of Medicine in 1872, advocated the use of very large quantities of water by the mouth.

7th. Prof. Cantani, of Naples, recommended large enemata of water by means of a fountain syringe.

8th. Dr. Eugenio Papa modified the plan of Prof. Cantani, by adding salt, quinine and carbolic acid to the injection, which was thrown in very slowly.

In conslusion, Dr. Dell'Orto formulated a plan of treatment derived by selection from the above.

- 1. The use of morphia and atropia hypodermatically, early, to relieve cramp and colic.
- 2. Early in the premonitory stage an emetic of tartar emetic and ipecac with warm water. To be given only very early.
 - 3. Complete rest and cleanliness.
- 4. Boracic acid and bicarbonate sodium, as recommended by Dr. Butler, and the enemata of Dr. Papa.
- 5. Careful attention to diet: only very digestible nutriment given frequently in small quantities.
 - 6 General friction and warm external applications.

The subject being now open for general discussion, Dr. Davidson was the first to respond.

Dr. Davidson stated that he was in the position of a burnt child who dreads the fire, since he had experienced cholera three times—twice going into the stage of collapse.

The first epidemic was that of 1832. It had come upon the people like a sirocco wind; there had been no time for preparation, and the ensuing panic was beyond all description.

The first cases were those of two men who had died near

the French market, and whose bodies were found on the levee next morning. The disease spread with awful rapidity during the day, but whether from the two cases just mentioned or other foci is not known. No one can imagine the number dying in such a short time. It was impossible to bury them. Men were stricken as by a thunderbolt and died in their tracks.

Hardly any treatment had been formulated, though a pill of calomel, camphor and capsicum, was used in large numbers. These pills were given every 15 or 20 minutes. Every one filled his pocket with them. Some men formed "rubbing clubs" for the purpose of easing the violent cramps which were the only prodromes. No such thing as cholerine was noticed, though it may be because the disease was so little understood.

There was a strong prejudice against ice and it was looked upon as poison. Warm drinks were however, largely used. Opium was given in large quantities and in all stages, even in collapse.

Dr. Davidson's first attack was after attending an actress whom he had visited for his father. He remained with her 1½ hours; on his way home he was taken with a cramp in his left leg, which he tried to relieve by rubbing; in the next square he was seized with vomiting and purging. He managed to reach his house, was carried up stairs and by day-light was pronounced hopeless. He was given his father's prescription, which consists of the following ingredients.

Sic:

Dr. D. afterwards in his own practice substituted for the ginger chloroform, which at the time of his father's practice was not understood.

Dr. Davidson is convinced that after the loss of the serous parts of the blood the disease is really a ganglionic dis-

order—a ganglionic tetanus, and the treatment must look to relieving the spasm or neurosis.

In 1832, calomel was given by some physicians in enormous doses, as much as a tablespoonful at a time. Dr. D. does not like calomel in cholera. He prefers antispasmodics.

During the epidemic of 1854, the plantation hands were removed to camps in the woods and Dr. D. had to ride from camp to camp, distant from each other three miles, several times daily. The disease finally reached the camps and was of the most virulent or algid form. Destitution and death were on every side: there were no premonitory signs, and no one dared to travel alone. Dr. D. slept one night at the foot of a tree, when he awoke in the morning, he called his man Littleton to him and examined him carefully; there was nothing the matter with him. They then rode on to the camp, about 3 miles distant. The Doctor had gone about 300 yards and was prescribing for a man sick with cholera, when a messenger came running to him to say that Littleton was sick. When he reached the spot, Littleton was in collapse, and was not even recognizable. The ground was covered with the dejecta, and the man's anus was so patulous that it had to be plugged with cotton to retain an injection which was given. The man died within an hour.

It was at this time that the Doctor had his second attack. As soon as he felt it coming on he mounted his horse and rode through the woods towards the river front. He used his left arm as a splint or support for his abdomen, all this time he was vomiting and purging. He passed several houses but no one would admit him. Finally, he reached the house of a Mr. Hickman. H. would not admit him but Mrs. H, came out and made the Doctor come in. She laid some mattresses and pillows on the veranda for him and brought him some brandy and water, and some mustard for a plaster. He vomited the brandy as soon as he drank it. In turning over he rolled upon something hard and feeling in his pocket found a phial of

chloroform which he had forgotten. He immediately took a teaspoonful, which he kept, finding no relief, he, in 15 minutes repeated the dose. He thus, at intervals of 15 minutes, as near as he could guess, took 4 doses of chloroform. After the 4th dose he experienced a most indescribable feeling of relief and relaxation of cramps. Shortly after this his servant came along looking for him and he was able to get to a friend's house where he finally fully recovered.

He wished to call special attention to the use of chloroform and its anti-spasmodic action in giving entire relief.

Did the chloroform act upon the ganglionic centres and thus relax the arterioles and bring about the reaction and freedom from cramps? As to the modern therapeutics of cholera he is ignorant. If he had to treat cholera now he would use chloroform and ammonia, apply ice and insist upon the horizontal posture. He would never allow a patient to get out of bed even to pass his stools. He would also try to keep the temperature of the body as near normal as possible.

In collapse his treatment would be of a more pronounced anti-spasmodic character.

In conclusion, he alluded to a prescription in the papers advising the unusual dose of a tablespoonful of chloroform at once.

Dr. Henderson followed Dr. Davidson in some remarks in which he stated it to be his belief that cholera is a filth disease, and that if there was no filth there would be no cholera. He urged the importance of attending to the premonitory cholerine, and when the disease develops, of using opium, but avoiding water and brandy.

Dr. S. Logan had had no experience with cholera, but he looked upon cholera morbus as a type of cholera, and the treatment of the former is that best adapted to the latter. Essence of that treatment is judicious efforts to control the nervous system. He does not believe that remedies given by the mouth and which have to traverse the disordered alimentary canal, the functions of which are all de-

stroyed or perverted, can act upon so large a surface of affected tissue either as germicides or in any other manner. In cholera morbus he looked upon the hypodermic syringe as his best friend, and he believes the same instrument should be used in Asiatic cholera. In cholera morbus he used morphia and atropia to overcome the paresis, which allows of the serous discharges. When, then, we have Asiatic cholera to deal with, arrest the discharges and then overcome the collapse.

Dr. Henderson asked Dr. Logan if he saw no difference between cholera and cholera morbus.

Dr. Logan said that just as much as between ordinary sore throat and diphtheria, and that the cholera poison is of the nature of a most drastic purge.

Dr. Loeber stated that the pathology being of such a nature as to make the blood almost useles as a circulating fluid; he would advise the intravenous injection of fluids and chloroform, and he would not say in the arm or leg, but in the neck where the fluids could easily reach the heart.

After some other remarks of a nature according with the above the Association adjourned at II P. M.

J. H. Bemiss, M. D., Rec. Sect'y.

ABSTRACTS, EXTRACTS AND ANNOTATIONS.

MEDICINE.

NEWER METHODS OF TREATING DIPHTHERIA.

Although we have devoted a very considerable portion of our space during the past year or more, to the consideration of this question, we do not feel it necessary to apologize for again referring to it. Until some much more satisfactory treatment of diphtheria than any which has been heretofore employed is discovered, the discussion of the subject will always be in order. In the present instance we lay before our readers a resumé of a lengthy and exhaustive paper

thereon, read by Dr. A. Jacobi, before a recent meeting of the New York Academy of Medicine. Dr. Jacobi has, through his monograph on diphtheria, issued in 1880, with which our readers are, doubtless, generally familiar, won for himself a position in the first rank among the authorities on this subject. His present paper is particularly interesting because of its statement of certain modifications of views entertained by the author since the appearance of his more systematic treatise. He also takes occasion therein to emphasize some important points previously advocated. Among the latter we may mention his fidelity to his original belief in tracheotomy. When, in 1883, he declared his opinion of this operation, he was accused of cutting altogether too many throats. Since then, however, the drift of medical opinion has gradually changed, and there are few practitioners of any considerable experience, who have not within the past few years, demonstrated the value of the procedure. For himself, he has now performed tracheotomy over four hundred times, while he has witnessed it in several hundred other cases, and the result of his experience and observation but confirms his original opinion of its value. He would as soon think of refusing to cut a man down who was hanging by a rope around his neck, as to refuse to perform tracheotomy in the case of a fully conscious child, gasping, raving for air, and slowly strangling in its nurse's arms.

Referring to the use of pilocarpine, which was received with considerable favor on the recommendation of Guttmann. Dr. Jacobi declares that the trials which it has been accorded have not corroborated its introducer's opinion. While it certainly assists in the removal of the membrane, through the maceration caused by the increased secretion of saliva, it also acts as a cardiac sedative, and is thus very highly objectionable in the asthenia of such a disease as diphtheria.

Steam inhalations are useful in properly selected cases, but their indiscrimate use is liable to cause serious mischief. While they are, doubtless, beneficial through the maceration which they cause of the diphtheritic membrane, they also cause a softening and lowered vitality of the surrounding parts, thus favoring the spread to such parts of the disease. When the membrane attacks the trachea and bronchi, inhalations are more serviceable than they are in the case of the involvement of the vocal cords. The latter have no muciparous glands like the former, in which they are copious. Wherever there is pavement epi-

thelium on the normal surface, and where the membrane is. imbedded into the tissue, steam can hardly be expected to do good. In other cases it, doubtless, will. When steam is applied, however, it must not be administered without air. When it can be given without reducing the required amount of oxygen, all is well; but when respiration is annoyed, or interferred with, the contra-indication of the steam is equal to the indication in more favorable cases.

As touching the use of turpentine in croup and diphtheria, Dr. Jacobi regards it as a remedy of very considerable importance, and especially when employed as an adjuvent to other treatment. The peculiar volatility and penetrating nature of its vapor render unnecessary the usual method of inhaling the oil. He has found it quite sufficient to add a tablespoonful, more or less, of the rectified spirits or oil to water which is constantly kept boiling in the room, on a stove or over an alcohol lamp or gas jet. By this means the room is constantly filled with the penetrating odor of turpentine which is not at all disagreeable, even when in great concentration. He has, in some instances, erected a tent over the bed, in which the alcohol lamp, with the boiling water and turpentine, may be placed, thus permitting the more concentrated application of the remedy.

Not the least interesting part of Dr. Jacobi's paper, however, and especially in connection with the popularity which the bichloride of mercury has latterly received as an antiseptic, in the treatment of all diseases due to a bacillus is that which discusses the use of mercurials in diphtheria or membranous croup, which diseases Dr. Jacobi holds to be practically identical. The following are the conclusions

drawn from extended remarks in this connection:

First, the mercurial treatment of membranous crour promises good results. Second, the bichloride appears to be the best preparation for this purpose. Third, the remedy should be given early, and frequently repeated. Fourth, the bichloride should be well diluted (about one to three thousand). Fifth, to babies, about half a grain should be given in 24 hours, and as a rule its administration may be kept up for many days, if necessary, without bad effects. Sixth, stomatitis or salivation is very rarely observed, and gastro-intestinal disturbances are not frequent under its use. Seventh, if any unpleasant consequences result from the use of bichloride, inunction by the oleate of mercury is advised in its place. Eighth if the treatment of diphtheritic disease be undertaken in time, croup may

often be prevented, as this is believed to be due to de-

scending pharyngeal diphtheria.

In connection with the above resumé of Dr. Jacobi's paper the following abstract from a translation by Dr. S. Solis Cohen, of a paper by Dr. Delthil, presented to the Academy of Medicine, of Paris, March 25th, 1884, will be read with peculiar interest. Of the paper itself, the translator remarks, that he arose from the study of the views therein presented, with a strong pre-possession in favor of the author, and a decided disposition to test the practice upon suitable occasion. After discussing the various methods employed in the treatment of diphtheria by inhalation, and pointing out the inherent evils, which make them objectionable, Dr. Delthil gives the remedies and method, which, in his experience, contain none of these draw-backs. Persuaded that the carbides liberated by the combustion of turpentine and of gas of coal-tar, are capable of absorption, without danger, and that they penetrate the respiratory tract; believing too, that this is equally true of the free carbon carried up by the vapors, as illustrated by the anthracosis of miners, he conceived the idea of setting fire to a mixture of tar and turpentine. This produced the happiest results, rapidly; in the case in hand the false membranes became softened, the catarrhal period was established in a few minutes, and particularly remarkable, the fumes though so thick as to obscure the light did not produce cough. The volatile hydrocarbons of empyreumatic products impregnate the mouth, the nasal fossæ, the larynx, the trachea and the bronchi. In the five cases which form the basis of his paper, this treatment resulted in the recovery of all of them, and this, too, notwithstanding the fact that this treatment was adopted in several instances, as a dernier ressort when death seemed imminent, after the use of other remedies, In employing this treatment proper precautions must be taken against fire. The apparatus employed was of the most primitive character, the coal-tar being merely mixed in a vessel sufficiently strong and ignited. The placing of the vessel containing the mixture, inside of a larger vessel will materially reduce the risk from accident. The following proportions, to be modified according to exigencies, are recommended by Dr. Delthil: Gas-coal-tar 200 grammes (5 vj); essence of turpentine 60 grammes (3ij). This mixture may be renewed every two or three hours, according to the gravity of the case. Fumes are said to be easily supported by the persons

in attendance upon the patient, and act even as a prophylactic against contagion. Resorted to in time, Dr. Delthil maintains that this treatment will obviate the necessity of tracheotomy, and that in desperate cases, its employment with tracheotomy, will materially improve the chances of recovery.—The Medical Age

THE TREATMENT OF EPILEPSY.

Dr. L. C. Gray in the N. Y. Medical Journal, June 28th, says that epilepsy, as well as many other nervous diseases, are so little known by the general practitioner that medical men get into the habit of looking upon these disorders as either incurable or only temporarily benefited

by treatment.

He, however, adds a caution that "epilepsy is a very mobile disease:" that is, it nearly always shows temporary good effects resulting from change of treatment. Hence, we must be skeptical as to any improvement in a patient who has left another physician to come to us. Hence, also, the many vaunted specific remedies and operations which have their day and then perish to make way for others.

His paper may be summarized as follows:

1. Epilepsy is not absolutely incurable, and is often

temporarily benefited.

2. Epilepsy reacts readily to impressions made upon it, whether these impressions reach it through the stomach, along the nerves of special or general sensation, or through the cortex of the cerebrum.

3. The disease is very often quasi-periodical, malaria

being excluded.

4. Epilepsy is often inter-convertible with migraine;

migraine may replace epilepsy, and vice versa.

5. Patients with migraine often lose consciousness, or have attacks of dizziness or nervous symptoms more seri-

ous than simple migraine.

6. Epilepsy sooner or later affects the mind: neuralgia is a local disorder of a nerve or set of nerves: migraine is between the two. But the prognosis of migraine in this respect is good.

7. Interval between attacks varies enormously, and

cannot be predicted. It may be 20 years.

8. So-called simple convulsions in infants are occasionally epileptic. 12½ per cent. of the whole number of

epileptics commenced during the first three years of life.

9. It may be stimulated into activity by malaria.

10. Possibly caused by special reflex irritations, but it is doubtful, especially as respects genital irritations.

TREATMENT.

I. Remove any source of irritation assumed to be the

cause—temporary benefit at least is sure to follow.

2. Bromides are the most effective remedies. In persons not easily susceptible he gives large doses—as much as 5ii. to 3ss. to a child. But avoid the harmful effects

upon the mental faculties.

- 3. He begins with 10 grain doses twice daily, doubling the dose at night, and increasing the dose by five grains every few days until pharyngeal reflex is abolished or the attacks diminished. In either case he stops increasing the dose and habituates the patient to the dose attained. Should bromism develop he adds tonics or stimulants to the bromides and orders nutritious diet.
- 4. If relapse occurs he adds some other anti-epileptic to the bromides, c. g:, in order named, sodium bromide, belladonna, digitalis, borax. Or he changes the air of a patient, gives a strong emetic or purge and begins a long treatment with another drug.

5. In quasi-periodical cases he gives bromides at about the time of expected attacks. The injurious mental effects

are thus avoided.

- 6. In inter-convertible cases, the migraine must be further treated by cannabis indica, etc., besides the bromides.
- 7. Other drugs must be used in the cases peculiarly susceptible to bromides. Such cases are very intractable.

LEMON JUICE AS A REMEDY FOR AGUE.

There is an old saying that every evil or disease has its remedy, which may be found every where in nature. For instance, the guaco grows in forests infested with venomous snakes, the cinchona abounds on the plains of America which are decimated by intermittent fever. Ague prevails in many countries were the cinchona does not grow; there, however, the lemon-tree is to be met with, the fruit of which, according to Dr. Charles Maglieri, an Italian physician, has been found to be a powerful remedy against intermittent fever. Dr. Maglieri employed the lemon

against the intermittent fevers so prevalent in the Roman provinces, the knowledge of which, as a particular remedy in such cases, he acquired from the peasants in the south The following is the mode in which the lemon

was administered by the peasants:

A fresh lemon cut in thin slices, without being expressed, is boiled in an earthen vessel containing about three tumblers of water. This is boiled down to a third, then the pieces of lemon are pressed through a piece of muslin so as to have all the juice expressed, which the patients are then made to drink. From his own experience Dr. Maglieri has obtained such good results that he considers the lemon as much a specific for malarial fevers as quinine is reputed to be, and in a paper on the subject, in an Italian journal called La Salute, he publishes the tollowing conclusions:

(I.) The decoction of lemon employed in malarial affections produces results equal if not superior to those of quinine. (2.) It even acts in cases where quinine has been found inactive, as in certain forms of miasmatic fevers. (3.) It is employed with advantage in chronic malarious affections. (4.) It has none of the inconveniences of sulphate of quinine. It does not irritate the mucous membranes, nor does it produce ringing in the ears. (5.) Its administration is possible in cases where the patient is afflicted with catarrh of the digestive tube.

Prof. Semmola, of Naples, has for a long time employed lemon juice for the cure of intermittent fever. He gives it with glycerine, which makes a delicious lemonade, and and the glycerine, according to the professor, adds to the efficacy of the lemon juice.—Parisian Correspondence,

Louisville Med. News.

THE DIAGNOSIS OF SCIATICA.

A diagnostic point in sciatica is given by De Beurmann (Arch. de Phys, April, 1883, also Revue Medicale, April 19, 1884,) which we have never seen alluded to. The patient lying on his back with the muscles of the leg and back relaxed, the affected leg is raised while in complete extension and flexed upon the abdomen. This causes marked pain in the course of the sciatic, especially intense at the sciatic notch, and the movement is resisted. If, then, the limb be lowered, and while the leg is flexed on the thigh, the latter is again carried up on to the pelvis, no pain will be felt. This phenomenon depends on the fact, verified by De Beurmann in experiments on the cadaver, that great tension of the sciatic is exerted by flexion of the thigh when the leg is extended, but almost

none when the leg is flexed.

In the diagnosis of sciatica from crural neuralgia, affections of the femur, or coxalgia, in all of which diseases the position of the limb and seat of the pain may be similar, this manœuvre may be of value. If the nerve-trunk is free of disease there will be no difference in the amount of pain caused by the extension or relaxation of the nerve by the different positions indicated. In other words, in affections other than sciatica, the movements given to the coxofemoral articulation will be equally painful whether the leg is extended or flexed on the thigh.—Boston Med. and Surg. Journal, July 10, 1884.

[We are aware that Billroth, who originated the method, Hammond and others, have resorted, and sometimes with signal benefit, to subcutaneous stretching of the nerve for the relief of severe sciatic neuralgia. The method, which is that referred to above as a means of diagnosis, has some dangers, is very painful and necessitates anæsthesia. Of course, the flexion on to the pelvis would have to be carried further than would be necessary for diagnosis. We think, as a diagnostic point, the suggestion will be val-

uable in some cases.—Eds.7

CONVALLARIA AND DIGITALIS.

Prof. Coze, assisted by Dr. P. Simon, has completed a series of careful experiments upon the actions of convallaria maïalis and digitalis upon the frog s heart. He finds (Bull. Gen. de Therap., Dec. 15, 1883) that in both cases a prolonged and strengthened systole is produced after a time, with increased arterial tension and more sustained flow of blood, the diastolic slowing of the blood-current becoming less perceptible under the influence of the medicines. He finds that this increased steadiness of the bloodcurrent is more marked when convallaria is used, although digitalis seems equally able to slow the pulse. In the cases where full doses of digitalis were given, a dangerous tendency seemed to develop for the heart to linger in an unduly prolonged systole, as if it were on the point of stopping altogether. This was not observed when convallaria was used. The author prefers convallaria, on the basis of physiological experiment, as safer and more effective in stimulating the circulation.-N. T. Med. Journal, July 12, 1884.

THE THERAPEUTIC USE OF DIGESTIVE FERMENTS.

By HERBERT E. SMITH, New Haven, Conn.

Condensed from an Abstract in the New York Medical Journal.

The author divides these ferments into three classes:

I. The enzymes, acting on starch, are diastase of malt. ptyalin of saliva, and the unnamed diastatic ferment of the pancreatic secretion. Starch was formerly supposed to be changed into glucose: later experiments have proved that very little glucose is formed, most of the product being maltose and the various dextrins

Certain extracts of malt are very active diastatic agents. Pancreatic extracts are not to be relied on for this purpose. In an experiment 1 c. c. of saliva transformed more starch in five minutes than one grain and a half of pancreatin did in two hours. The liquid, beer-like preparations, of which Hoff's is an example, will not serve this purpose, as in them the ferment is mostly destroyed in the process of manufacture.

The preparations to be used are the concentrated extracts like Trommer's, and maltine. Diastase can act with saliva during the first part of gastric digestion, so that it can be administered immediately after meals, or better, used as a seasoning for, say a dish of oatmeal, or boiled rice and milk, or gruel. It should be added just before eating, at a temperature not above what can be borne in the mouth. It tastes somewhat like sorghum. The chief indication for these ferments are the acid eructations following the

ingestion of carbohydrates.

II. Proteolytic enzymes—pepsin and trypsin. The scale pepsins and pancreatins of reliable houses are very efficient. The saccharated preparations may be good, but are liable to falsification. The many digestive compounds which are poured upon the market should be avoided; many of them are incompatible mixtures. Care should be taken not to use these ferments unnecessarily. cases would be more benefited by stimulating the secretions by the use of sodium carbonate, by bitter tonics, alcoholics, and possibly, in the case of the pancreas, by ether.

The object is, first, not to supplant, but to assist the natural processes, if possible, as in the case of many convalescents; and, second, to maintain nutrition during a temporary disability, as in fevers and gastric ulcer. In the first case, five to ten grains of pepsin can be given at once. or in divided doses at intervals during digestion. Pepsin can be given with hydrochloric acid, if desired, or sodium carbonate may be given before meals to stimulate the secretion of acid, and the pepsin after. If intestinal indigestion is suspected, we may give trypsin at the close of gastric digestion, when it should be well guarded by sodium carbonate. It is scarcely necessary to call attention to the value of artificial digestion by trypsin, for the preparation of enemata.

III. The enzymes acting on fats. Fats are absorbed chiefly in the form of an emulsion. A fresh pancreas ground up with oil certainly forms an emulsion which is permanent for some hours. Dr. Roberts says, however, he has been unable to make an extract of pancreas that would form an emulsion with fats. The same may be said of the extracts of pancreas thus far furnished us.

REMEDIES FOR TAPEWORM.

From the New York Medical Record of July 19 we take the following prescriptions for tapeworm, highly recommended by various correspondents:

1. Tanret's pelletierine, one ounce, followed in an hour or two by a dose of an infusion of senna. Said to be very

effective.

2. At bed-time, half an ounce of Rochelle salts; at ten o'clock next morning, the following is to be given:

R	Bark of pomegranate root
,	Pumpkin seeds
	Kernel of ergot3ss.
	Ethereal extract male fernfld. 3j.
	Gum Arabic
	Croton oilgtt. ij.
	Water

M. To be prepared sec. artem and given at one dose.

3. Creasote, in emulsion of acacia, one drop three times daily for two days, then two drops three times daily for two days, then three drops for two or three days. "when the head has universally come away."

M. Ft. pulv. No. 2. S. One powder at 4 P.M., the other at bed-time.

R	Ext. male fern (etheri)
	Ext sennæ fl
	Ext. hyoscyami fl.
	Tinct, menthæ piperitæ

M. Ft. mistura. S. One (good-sized) teaspoonful every half-hour, commencing at 8 A. M. the day after taking the powders.

APPLICATION FOR TINEA CAPITIS.

R	Acid pyrolig				 ٠		٠		۰	٠	۰	0	10	000 gr.
	Hydrarg. oxid.	rubr	۰		 ۰	٠	۰		 			0	2	gr.
	Acid salicylic		۰	۰	 0				 				I	gr.

M. To be carefully applied. It may be necessary to apply it at intervals of some days for five or six times.— Fournal de Médicine—Canadian Practitioner

PHYSIOLOGICAL ALBUMINURIA.

At a recent meeting of the Société de Médecine of Paris, M. Coignard reviewed and criticized the theories concerning albuminuria, and also the thesis on this subject written under the direction of Professor Bouchard. According to his personal observations, and those of a number of cases collected by Keller, physiological albuminuria does not exist. M. Coignard admitted the existence of transitory albuminuria, as also of transitory glycosuria, but denied that albumen is ever found in the urine of perfectly healthy individuals.—British Medical Journal—N. Y. Medical Record.

THE DIAGNOSTIC VALUE OF SPUTUM.

Dr. Sanctuary in the British Medical Journal, May. 1884, records a case illustrating the diagnostic value of sputum stained by 'Koch's method. The patient, a girl, aged 16, was seen in consultation by Dr. Sanctuary; physical examination revealed slight dullness over the upper border of the left scapula and some crepitation in the same region, with a temperature varying from 100 to 102, which had persisted for some days. The girl was plump and apparently well nourished, slept well and coughed very little. Some sputum was procured, which was prepared and stained according to Dr. Heneage Gibbes' method, when swarms of bacilli were at once apparent. Thereupon, a most unfavorable prognosis was given, and the patient died with acute phthisis about eight weeks afterwards.—

London Medical Record, July.

RECOVERY FROM A COBRA BITE.

It is not often that a person, who has been bitten by a cobra, lives to tell the tale. An Allahabad paper, however, gives such an instance very recently. It appears, while staying at Kaugra, an officer of the 1st Goorkhas was bitten by a cobra in the hand. With great fortitude Mr. R. seized his gun and blew off the finger which had been bitten; nevertheless, when medical assistance arrived, he was almost insensible, and it was only by keeping him walking about all night, and administering large doses of brandy and ammonia, that he was pulled through.—Medical and Surgical Reporter, July 26.

New Test for Albumen.—Dr.G. Johnson recommends, as the surest and most reliable test for albumen, picric acid in powder form. The smallest possible quantity of the powder, added to the undiluted urine, will at once reveal the presence of albumen.—Medical and Surgical Reporter.—American Medical Digest.

Salicylic Acm.—Prof. Bartholow finds the following more efficient than salicylate of sodium alone: R acid salicylic 3ij; sodii bicarb. 3j; aquæ 3ij; m. sig.—Dose, one to two teaspoonfuls —Medical Bulletin.

The following excellent prescription for dyspepsia is given by Dr. Altonso, in the *Medical and Surgical Reporter*: R Jensen's pepsin, gr. excij: Sherry wine, 5viss: glycerin puris, 5iss: acid tartaric, gr. v. m. sig. f 5j, after meals.—American Medical digest.

It now appears that the antipathy of the Missourian to water extends also to the external application of the liquid. A writer in the St. Louis Courier of Medicine, tells of an old inhabitant who "hadn't been wet all over since '63," and the writer declares, as a result of observations especially directed to the matter, that fifty per cent. of the population of Missouri do not take a bath from October until May. It might not be a bad idea for some one to suggest a fortnightly bath as a prophylactic of cholera in Missouri. There would seem to be comparatively little danger of the average Missourian imbibing the microbe in the usual method, namely, in drinking water, and if he could be induced to occasionally wash the microbes off his exterior, he would enjoy immunity from contagion.—Med. Age. August.

A small boy in Indianapolis stole (if the taking of what is of no value can be called stealing), about thirty dollars' worth of homeopathic pills of all sorts, including nearly the whole list of remedies. The culprit was not discovered until he had eaten all but three dollars' worth of the medicine (?) thinking it was candy. As he was a healthy small boy, and the pellets were for sick grown folk, there was no call for antidotes and stomach pumps. The homeopath shoots so as to hit if it is a bear, but to miss if it is a calf.—Med. Age, August.

In a work just issued by Frerichs, on Diabetes, his observations are based on four hundred cases of the affection. Of these one hundred and two are Jews. This large percentage, as compared with the comparatively small number the people of this race, is remarkable. Frerichs assigns as causes the heriditary excitability of the nervous system, the keenpursuit of business, and, above all intermarriage.

Med. Age, August.

Suppositories of Quinia—Dr. R. Pick—The troubles experienced in the internal administration of quinine in children, induced Pick to attempt its use in the form of suppositories. To facilitate its absorption, an enema is given about one hour before the introduction of the suppository. Fifteen or twenty grains may be put in each suppository. Sometimes the suppositories irritate the rectum; a little opium may be added to overcome this. The six cases reported by P. demonstrated the prompt action of the quinine suppositories.—Deutsch Med. Zeit.

Hypodermatic Injections of Quinia as a Means of Differentiating Malarial from Typhoid Fever—Dr. Annibale Arzela.—Dr. Arzela recommends subcutaneous injections of quinia in distinguishing malarial fever with an almost continual course, from typhoid fever. It may be given in doses of 15 grains or more, according to the age and constitution of the patient. If malaria be present, a more or less considerable lowering of the temperature takes place, which on the next day is followed by apyrexia, either at once or after the internal administration of quinine. But if, on the contrary, typhoid fever be present, only a transient effect is observed, the fever resumes its course, as the fall in temperature would also have taken place even without the quinine.

It is neccessary to administer the quinine hypodermatically, since the intestinal canal is frequently in a condition unfavorable to the absorption of the remedy, and the quinine then only gives rise to a severe irritation.—Deutsch Med. Zeit.

Bromdes in the treatment of Albuminuria—Gobillard. (Union Medicale du Nord Est).—G. proves, by experiments upon patients, that recent (acute) albuminuria, arising from exposure to cold, is quickly and thoroughly cured by the use of bromide of potassium.

It might also be presumed that the albuminuria of diphtheria, of scarlatina, and even of pregnancy could be

relieved with this drug.

In chronic albuminuria, or albuminuria complicated with a cardiac deficiency, only an improvement lasting for a variable length of time can be procured.—Deutsch Med. Zeit.

THE SOURCE OF MILK-SUGAR-Paul Bert, (Revue Scientifique)—The celebrated physiologist reported to the French Academy upon certain experiments which reveal the source of milk-sugar. The question was, to determine whether it was formed in the mammary gland, or else first appeared in the blood and there became separated by the gland. To determine this, he excised the breast of a pregnant goat : and after a successful parturition, he demonstrated the presence of sugar in the urine in considerable quantity; while the urine of another goat living under similar conditions, fed in same manner, and bringing forth at the same time, but the breast not being excised, showed no trace of milk-sugar. In the goat operated upon, the quantity of sugar remained for three or four days about the same, and then gradually diminished. The experiment shows that the mammary gland is not the place in which the milk-sugar is formed; Paul Bert believes rather that we must locate it in the liver.

SURGERY.

SIR HENRY THOMPSON ON THE SURGERY OF THE URINARY ORGANS.—CONTINUED.

LECTURE III .- Tumors of the Bladder.

In regard to the attachment of vesical tumors, the lecturer has observed that a single tumor, non-malignant and at-

tached by a narrow pedicle, occurs once in every six or seven cases. Sessile growths, with base the widest part, occur in about the same proportion. The majority of cases

are non-pedunculated.

According to their structural characters, he divides vesical tumors into two classes: "homœoplastic" and "heteroplastic." "Homœoplastic" tumors, made up of tissues identical with the normal structures, are the most common forms of vesical growth. Under this head may be grouped: Simple Mucous Polypus, usually found in the bladder of children: some of them analogous in structure to the soft nasal polypus.

Fimbriated Papilloma, the fimbriæ of which, when immersed in fluid, "float out like slender-leaved aquatic plants," and when removed to the air collapse into a

"soft mass resembling a small strawberry."

Ordinary Papilloma, a growth more solid than the preceding and composed of submucous tissues of the vesical walls:

Under the head of heteroplastic tumors, composed of

foreign structures, the lecturer mentioned:

Epithelioma, the most common type of these growths: Scirrhus and Encephaloid, which sometimes occur; Melanotic Cancer, which is mentioned in a single in-

stance;

Sarcoma, put down as a growth of rare occurrence;

Dermoid tumor, found occasionally.

The following points, gleaned from this lecture, are im-

portant in the diagnosis of vesical tumors.

The earliest symptom, as a rule, in homoeoplastic growths is hemorrhage. In malignant growths, pain and frequent micturition usually precede hemorrhage, and that, in some cases, a long time. In vesical hemorrhage, the stream usually begins clear, or nearly so, and at the end changes to a bright red color, from the presence of fresh blood. "With such an occurrence, and no recent urethral lesion" observes the lecturer, "the source of hemorrhage must be vesical."

The microscope renders valuable aid in the diagnosis of vesical tumors. In cancerous growths, disintegrated material, washed from the bladder, may be recognized. In papilloma, the fimbriæ may be pinched off with a lithotrite, and examined microscopically. These translucent fragments are of diagnostic value, but not distinctive of any class of growths. They may grow as well from the sur-

face of epithelioma.

In the presence of grave symptoms, pointing to a vesical tumor, Sir Henry again recommends the exploratory perineal section. French surgeons advocate the supra-pubic operation. After the diagnosis is established, the tumor is removed by forceps, écraseur or the ligature, as indicated by the size, location and manner of attachment of the growth, or as suggested by the judgment of the operator.

The results of twenty cases of vesical tumor, reported in this lecture, are sufficiently encouraging to warrant us in concurring in the lecturer's method of diagnosis and his plan of surgical procedure. Indeed, a bold step has been taken which approaches a more satisfactory treatment of the vesical growths, and comes to the rescue of some lives hitherto regarded beyond the reach of operative surgical aid.

LECTURE IV. Impaired Vesical Function: its Results.

This morbid condition very frequently escapes observation, some diseases impair the holding capacity of the bladder: others, the power of expelling the urine. They may be arranged in three classes:

1. Diseases of the prostate, with enlargement and ob-

struction.

2. Paralysis of the bladder.

3. " Atony" of the structures of the bladder.

In the discussion of the first class of diseases, the lecturer alludes to those in which there is no perceptible enlargement of the prostate, but a small projection from the urethral surface, obstructing the channel. The operations for internal divison of the enlarged prostate are condemned as unsuccessful and hazardous.

The second class of diseases is attributed to some injury or disease of the nerve centres. The lecturer speaks especially of those chronic nerve disorders, which so insidiously weaken the vesical function. The early premonitions of these diseases may be a greater effort to urinate, a smaller stream, frequent desire to void urine, or the reverse, hesitation or stoppage of the stream, etc. There may be no pain, no abnormality of the urine, no history of disease of the urethra, prostate or rectum; yet the catheter finds two or three ounces of urine habitually remaining in the bladder. These symptoms may usher in a very grave history.

Under the third classification, the lecturer includes ordinary cystitis, chronic inflammation of the submucous structures, chronic gonorrheal prostatitis, and vesical calculus. In the latter affection, the patient easily acquires the habit of

not quite emptying the organ.

In cases of impaired vesical function, with retained urine, the lecturer strongly recommends the early use of the catheter, not only for the immediate relief it affords, but as a means of treatment, which improves the chances of ultimate recovery. Only mechanical aid relieves this pathological condition. Physicians have to combat the popular prejudice against the use of instruments in these cases, unfortunately not confined alone to the laity.

LECTURE V. Recent Improvement in Lithrotrity.

The lecturer speaks approvingly of Professor Bigelow's method of crushing the stone, and aspirating the bladder of its debris, at a single sitting. However, he claims that the principle of treatment was suggested by Heurteloup, thirty years ago; so, to Prof. B. is attributed only the credit of its practical application. No mention is made of Bigelow's apparatus for the removal of fragments. The lecturer uses an aspirator of his own device. To the reviewer it appears that the lecturer's compliments are not as graceful as the American surgeon deserves. In a previous discourse on stricture of the urethra, the names of Otis, Gouley and Gross are not even mentioned.

"In conclusion," the lecturer remarks, "I think we must admit that the operation of lithotrity at a single sitting bids fair to supersede lithotomy for the adult calculous patient, in all cases, except those in which the stone is of rare

and exceptional size."

LECTURE VI.-Lithotomy and Lithotrity.

Analysis of More than Eight Hundred Cases.

The lecturer speaks of this as the day "in which lithotrity is the manifest rule of practice for the adult, and lithotomy the occasionally necessary exception." The two operations are mentioned in their complementary relation—one not intended to supersede the other—and the cases described in which each is specially applicable.

The following figures are interesting, given with the lecturer's words: "I have performed 812 operations on cases of all ages. The number of individuals on whom these operations have been performed is 716: some of the lithotrity patients having, of course, been operated on more than once, as will be stated hereafter. Of these cases 13 are adult females, 10 by lithotomy, with one death, and three by lithotrity; 15 are children, 12 by lithotomy, with one death, and three by lithotrity.

There remain 782 cases of operation on the adult male. Of these 110, or one-seventh of the entire number, were by lithotomy, with 39 deaths—one case in almost three, or 35 per cent; 672 were by lithotrity, with 43 deaths—one case in $15\frac{1}{2}$, or under $6\frac{1}{2}$ per cent; a total of 782 adult male cases, with 82 deaths—one case in $9\frac{1}{2}$, or $10\frac{1}{2}$ per cent

It is worthy of remark that among the adult males no fewer than 505 individuals were upwards of fifty years of

age, at the date of operation.

I may now add that of the 716 individuals 61 were operated on a second time, at various intervals, when a second stone of considerable size was developed; evidence existing in long continued absence of symptoms after the first operation that the calculus was undoubtedly a new formation. Nine patients were operated on a third time; three patients a fourth time, and two as many as five times."

The lecturer claims that calculus is far more frequent in elderly men than in children; that in the former the symp-

toms are often very slight and escape detection.

He then continued: "There is unquestionably a growing dissatisfaction among surgeons, especially abroad, with the lateral operation for stones of unusually large size. I have for some time fully shared in that feeling. No incisions can be sately made in the region which belongs to that operation, through which a calculus of three ounces or more can be extracted. Laceration, either avowedly made by instruments, or but half concealed under the name of gradual distension, invariably takes place, and that affecting very important structures often to a large extent. Hence it is that the suprapubic operation has always invited consideration when the stone is exceptionally large: but the conditions sometimes met with, especially in corpulent subjects, have presented herculean difficulties and dangers, which indicated that, if Scylla has been avoided above, Carybdis appears to be equally dangerous below. A modification of the operation, however, has recently taken place, if not originated, at least first executed, by Prof. Petersen, of Kiel, and described by him in 1880, which gives a new and improved position to the high operation. The improvement suggested consists in ensuring, to a degree not before attained, the raising of the bladder above the pubic symphysis, and the steadying it in that position during the operation. These objects are thus attained. The patient, lying on his back, and under the influence of an anæsthetic, the bladder is first distended with a weak solution of boracic acid, in quantity from ten to twelve ounces, if possible, which must depend on the condition of the organs. The penis is then firmly tied; nothing is better than an india-rubber tube for the purpose: then a pear-shaped bag of india-rubber, tolerably stout, so as to retain that form, and capable of holding at least sixteen ounces of fluid, is folded longitudinally and introduced into the rectum. By the tube which forms its apex, and is supplied with a stop-cock, water is forced in so as fully to distend the bag in situ. The outlines of the bladder will now be traced above the pubic symphysis. The usual vertical incision is made, and dissection carried down to the bladder, with the usual precautions with which we are familiar. The ease and the certainty, however, which are ensured by the firm position of the bladder on this system render it much superior to the old one, * * * * next case which offers, for which the knife is required, I shall almost certainly submit to the high operation, with Petersen's modification. And the only reason why I have not yet performed it is, that I have easily and successfully employed lithotrity in cases precisely similar to those for which the French surgeons are at present adopting Petersen's procedure."

At the close of his course of lectures on the surgery of the Urinary Organs, Sir Henry Thompson presented to the Museum of the Royal College of Surgeons his valuable collection of calculi, the result of \$12 operations, both lithotomy and lithotrity.

BURNS AND SCALDS IMMERSED IN ICE WATER.

The July Lancet contains a letter from C. F. Naismith on the treatment of burns and scalds. "My invariable practice," writes the author, "however extensive the scald, has been to place the injured member in ice cold water, keeping it there till all pain has disappeared—say from two to four hours, or even longer. The water heats rapidly, and must be kept cold either by ice or constantly renewing. As long as the scalded part is kept under water (provided it is cold enough), no pain is complained of, and symptoms of shock are much lessened. When the limb will bear removal from the water without pain, I lay on the dry lead acetate and resin ointment (one drachm to one ounce) and envelope in cotton wadding. I have used this ointment also in erysipelas with the best results, all symptoms of inflammation rapidly disappearing. Should severe suppuration occur, instead of the lead acetate, a few drops of creasote may be added to the resin ointment, as recommended by Druitt. By this treatment, pain and shocks are reduced to a minimum, opiates are seldom required, and danger to life is, I believe, greatly averted."

WHITE LEAD VARNISH IN ERYSIPELAS.

In a letter to the *Lancet*, July, by Ed. O. Day, we find the following formula recommended in the treatment of erysipelas:

"I. Take half a pound of white lead, and thoroughly mix with mastic varnish to the consistency of a thick paste.

2. Take forty grains of sulphate of copper, forty grains of sulphate of zinc, and forty grains of acetate of lead. Rub them together in a mortar until they form a thick paste. This they do in about five minutes.

3. Then mix these two pastes thoroughly together.

4. Add about one ounce of linseed oil, so as to make

the compound of the consistency of paint.

The varnish causes the paint to crack, so as to be easily removed. The lead acts as the body of the compound. The sulphates and acetate act as rapid driers to the linseed oil."

EXPLORATION AND TREATMENT OF CEREBRAL ABSCESS.

The July number of the Amer. Four. Med. Sciences contains an instructive article by Drs. Christian Fenger and E. W. Lee, of Chicago, reporting a case of chronic traumatic abscess of the brain, following a gunshot fracture of the frontal bone. The abscess was located at a depth of two to two-and-a-half inches, by exploratory punctures through a trephine opening. The cavity was evacnated by separating the blades of a pair of forceps, cleansed with carbolic acid lotion and drained with tubes. There can be no questioning the propriety, nay, the necessity, of opening abscesses of the brain. The difficulty lies in the power of diagnosis and the accurate location of the abscess cavity. The authors propose obviating much of the difficulty by methodical exploratory aspiration. They suggest an antiseptic treatment of these abscesses, with carbolized lotions, drainage tubes, etc., as used in other parts of the body.

From their remarks in conclusion, the reviewer gleans

the following points:

1. Diagnosis.—Headaches, vomiting, coma, fever, more

or less paralysis, usually of the opposite, sometimes of the same side, convulsions, etc., are mentioned among the symptoms of a cerebral abscess. These symptoms are ordinarily not distinctive, but, in connection with the history of traumatism, are the more significant. The majority of cases of abscess of the brain are discovered accidentally by the pus welling up at the bottom of the wound or trephine opening.

2. Trephining.—According to Estlander, since the advance in antiseptic surgery, the fatality in skull fractures, with injury of the brain, has fallen from 66 to 17 per cent.

In Blum's statistics, published in Langenbeck's Archiv., out of 44 cases trephined for abscess of the brain, 22 recovered. Of cerebral abscesses unrelieved, 90–100 per

cent. prove fatal.

- 3. Exploratory Puncture and Aspiration. It is claimed that puncturing healthy brain tissue does but little harm. Renz advises the use of a blunt instrument, as a protection to cerebral blood-vessels. The authors recommend, as a diagnostic procedure, exploratory puncture, and, instead of repeated aspirations, favor free opening of cerebral abscesses.
- 4. Drainage of Brain Abscess—Even in view of the danger of inflammation from the presence of a drainage tube, acting as a foreign body, the authors regard its use as advisable, and otherwise favor the adoption of those measures practised in the treatment of abscesses elsewhere in the body.



eter, the exhaust channel of which is controlled by a valve. The movable collar on the catheter prevents the escape of the gas beside the tube.

To an unbiased reviewer, the report of Dr. M.'s cases

is not encouraging.

In a letter from J. C. R., of Dayton, Ohio, to the Medical News, August 2d, it appears that M. Pigoroff, of St. Petersburg, was the first to practice rectal etherization on the human subject. (Recherches Pratiques et Physiologuiques sur l'Etherization, St. Petersburg, 1847.) This method was suggested by the great fear of administering anæsthetics by inhalation, which prevailed at the time. The practice was abandoned for more than thirty years, and only recently revived at the suggestion of Yursen, of Copenhagen, who prompted the sensational experiments of M. Mollière.

CORRECTING DEFORMITIES BY RAISING ONE SIDE OF THE SHOE-SOLE.

The Medical News, contains an article by Dr. Wm. Detmold, recommending simply raising one or the other side of the sole, as required by the deformity. In the weak ankles of young girls and the knock-knee of children, the author recommends simply raising the inner-side of the sole. In the case of bow-leg, the thickening is added to the outer-side of the sole. When one lower limb is shorter than the other, to prevent the tilting of the pelvis, soles of unequal thickness are suggested.

HODGES' PESSARY IN FRACTURE OF THE INFERIOR MAXILLA.

Dr. W. J. Naismith, in the Lancet, describes a fracture at the symphysis of the lower jaw, with a transverse wound over the mental prominence. A Hodges' pessary was adjusted, so as to allow the chin to rest in the ring, with the wound conveniently exposed for dressing. The lateral bars give support—one in front, the other below the jaw—while the rounded ends made lateral pressure. To these ends tapes were attached, and passed over the head and around the neck, like a four-tailed bandage. The suggestion is novel, and, in certain cases, may prove of practical utility.

SEVEN SURGICAL FOLLIES.

The Polyclinic contains an article by Dr. John B. Rob-

erts, exposing seven of our every day follies.

1. The ether folly is the admission of atmospheric air with the vapor of ether, as is done in the administration of chloroform.

2. The incision folly is shown in the practice of making an opening too small, not only in surgical operations, but

in the relief of pus accumulations.

- 3 The sponge folly is the use of second-hand sponges, which are seldom or never free of septic matter. Napkins or towels are recommended. The Japanese paper napkins are useful.
- 4. Of all, there is none more foolish than *the styptic folly*, which prevents the coaptation of edges and the healing of wounds by the use of alum, tannin, and, vilest of all, Monsel's solution.

5. The suture folly perpetuates the old idea that sutures should not be used in wounds of the scalp; that silver wire is the only kind useful in surgery. The iron wire is

equally serviceable and less expensive.

[The reviewer would add: (a) the folly of using sutures, silk or wire, too large: (b) the folly of allowing sutures to remain too long: in both instances, irritating wounds unnecessarily and preventing proper union.]

6. The adhesive plaster folly makes us cover wounds so

as to prevent drainage.

7. The dose folly tends toward homeopathy. It consists in the administration of drugs in doses too small for their therapeutic effect. The author tells us to be sure of our diagnosis, then give medicines for their effect.

H. C. WOOD'S SYPHILITIC TEST.

In cases of doubtful diagnosis, Dr. W. suggests iodism, rather than mercurialism, as a method equally valuable and far less harmful in its effects.

FORMULÆ FOR GONORRHŒA.

R	Hydr. bichloridigr. ¼.
	Mucil. acaciæ
	Aq. dest. qs
S.	Two syringefuls after urinating.

Dr. O. C. Smith.

R	Pulv. iodoform20.	
	Ac. carbol	
	Glycerin8o.	
	Aq. dest200.	M
S.	By injection.	
R	Zinci chloridigr. i	
	Aq. puræ	M.
S.	Use as an injection—4 to 8 hours	

This prescription is recommended because of the affinity of the chloride of zinc for albumen.

South. Med. Record.

DR. DUHRING ON ECZEMA.

The following are abstracts from Dr. Duhring's lectures on Dermatology, published in the *Medical News*:

Eczema is defined as an "acute or chronic inflammatory, non-contagious, disease of the skin, characterized at its commencement by erythema, papules, vesicles or pustules, or a combination of these lesions, accompanied by more or less infiltration and itching, terminating either in discharge, with the formation of crusts, or in desquamation."

Eczema comprises forty per cent. of all skin diseases. The remedies are constitutional and local. Among constitutional remedies, the saline aperients are useful. In the treatment of children, rhubarb is serviceable. Of the diureties, the acetate, the carbonate of potash and the liquor potassæ are recommended. Of tonics, iron, quinine, arsenic and cod liver oil head the list. Arsenic must be given cautiously. Seldom or never should it be given in acute cases; and in chronic, in doses not exceeding two minims of Fowler's solution. And this treatment should be long continued.

Local treatment is determined by the variety of the disease.

In E. erythematosum, usually occurring about the face, lotions of carbolic and boracic acid are recommended; especialy the formula:

\mathbf{R}	Ac. carbolsss.
	Glyceringtt.xv.
	Alcohol
	Aq. qs

S. Apply several times a day.

Also recommended:

R	Calaminæ præp
	Zinci oxidi
	Glycerin3ss.
	Aq. calcisqs. 3iv.

M. et sig. Shake and apply three or four times a day.

In E. vesiculosum the lecturer recommends the black wash, followed by the ungt. zinci oxidi. As a dusting powder:

S. Apply freely.

The lotion of calamine, above mentioned, answers well in the vesicular variety: so also the oleate of zinc, one drachm to the ounce: or salicylic acid, ten or fifteen grains, to the ounce of lard.

In E. papulosum, a lotion of carbolic acid (5i-5iii to aq. oj) is applied several times a day. The lecturer also mentions favorably: Thymol gr. i-ii to aq. 3j.

Also recommended:

R	Picis liquidæ
	Potassæ causticæ
	Aq

S. Apply in the proportion—5j to 5j-ii of water.

The strong sulphur ointments are sometimes serviceable. In E. pustulosum are recommended ointments of calomel,

white precipitate and sulphur (3j-5j to adipis 3j).

In squamous E, the tar ointments are preferable; the oil of cade, 5j-5jj to adipis 5j: or ungt. picis liq: or ammoniated mercury, gr. xv-xl to adipis 5j. The lecturer suggests trying the tar applications on small surfaces before using it extensively.

In E. rubrum of the leg, the rubber bandage is useful. In conclusion, the lecturer remarks that, in extensive

lesions, no remedy may be accepted as infallible.

GYNECOLOGY AND PÆDIATRICS.

RICHELOT IN UTERINE NEYOMATA.

In the Journal de Medecine de Paris, May the 24th, we find a paper on "The Enucleation of Uterine Fibroids," by Dr. L. G. Richelot.

The real object of the writer is to discuss the enucleation of interstitial fibroids, so he passes over with a few words the submucous and subperitoneal and commences his paper by discussing the interstitial myomta of the cervix. This form of fibroids is seen mostly in the practice of obstetricians, as it is generally by producing dystocia that they become dangerous. Should they be limited to the cervix, the operation is easy. A crucial incision is made and the tumor scooped out. If they extend further up, the operation is more serious; and it is to the discussion of those tumors extending into or developed in the body of the uterus, that the author devotes his paper. Fibrous tumors developed in the body of the uterus would seem at first inaccessible, but when we remember that we often have a tumor very dense and very slightly adherent to the true uterine wall, it is not strange that Velpeau gave it as his opinion that it was feasible to cut down on these tumors and scoop them out. Amussat, in 1840, was the first who attempted this operation. He had the good fortune to be successful, but surgeons after him had such disastrous results, that the operation soon fell into disrepute. However, among foreign surgeons, Baker Brown, Attlee, Marion Sims, and others, the operation was looked upon favorably. In discussing the advisability of this operation, let us glance at the extremes of what we may find. We may have a tumor low down, medium size, very firm and very slightly adherent to its muscular shell, or a tumor extending high up, easily broken up and so strongly adherent that neither the fingers nor instrument can tear away the fibroid entirely from its case. The first is easily removed, the latter both with danger and difficulty. As we have no means of telling beforehand what difficulties we shall meet in an operation of this kind, we must always expect the worst and discuss its performance from that standpoint. After giving the opinions of various prominent authors for and against, he says: finally you see that the preponderance of opinion is rather unfavorable to the operation of Amussat. And not without substantial reasons. Think of the disastrous conditions which may surround us. The tumor may extend far beyond our calculations; intimate adhesions and friability of tissue may prolong the operation so as to force its abandonment, we may have copious hemorrhage, we may even be obliged to stop and tampon the cavity: the muscular shell may be so soft that in attempting to tear out the tumor we may open the peritoneum. The operation may last so long that, the patient awaking exhausted, is greatly exposed to the dangers of shock, and finally, if we leave any tumor behind it, and it decomposes, our patient is exposed to the dangers of septicæmia. The causes of death are: peritonitis, phlebitis, pneumonia, erysipelas, and septicæmia. This is a terrible array, but when we consider that this operation is performed only when life is threatened by the progress of the disease and that even the most unpromising cases may get well, I am inclined to regard it favorably, especially after the experience I record in the following case:

Mrs. K., 45 years old, for the last 12 years has had abundant hemorrhages and other symptoms of fibroids. After consulting many physicians she finally came to Dr. Depaul who advised against an operation. Palliative measures were tried in vain, as she was sinking fast from loss of blood when I was called in on the 20th September, 1883.

The posterior lip filled the vagina, being distended by a fibroids seemingly continuous up to the fundus which could

be felt about the pubis.

I resolved to attempt enucleation. The operation was performed on the 23d September. Besides the usual clearance of the intestines I had ordered a hot water douche night and morning to diminish the congestion, and whether due to that or not, I certainly scarcely lost a drop of blood during the laborious extirpation of the growth.

I introduced a bistouri into the vagina guarded by my left forefinger and made superficial crucial incision in the rounded mass, then in attempting with my finger nail to separate the thin shell from the tumor, I found that the tumor was unfortunately both friable and closely adherent.

The two most unfavorable conditions stared me in the face, and I decided to take out the tumor by piecemeal as best I could. This I accomplished after a tedious work of two hours and twenty minutes, though I did not take out the tumor as thoroughly as I could have desired for fear of penetrating into the peritoneal cavity. The uterus was then well washed out with carbolic solution. The condition of our patient now, with a large intraparietal cavity with the adhering debris of the tumor, might be compared to that of a person with a retained placenta. The debris would decompose and cause septic infection. It was then necessary to anticipate and prevent this with antiseptic injections. Having secured an experienced nurse, she was directed to wash out the cavity every two hours with a gallon of the one-thousandth solution of bichloride

of mercury. Compresses dipped in carbolized water being kept against the vulva. During the first nine days the patient could not have done better, the temperature did not rise higher than 100.4 F. At the end of that time unfortunately the gums became sore and the sublimate wash was changed to a one per cent. solution of carbolic acid. Then the patient had a very severe attack of septicæmia. A chill, a pulse of 120, a temperature of 105.8, dry skin, vomiting and diarrhoa. No pain was caused by the touch nor by abdominal palpation. There was no smell, but the injections brought with them pus and gangrenous debris. Thirty grains of quinine were given and the sublimate injections commenced again at the risk of a return of the salivation. The symptoms soon began to ameliorate and in three days the patient was out of danger. I make no mention of the means used to quiet vomiting, to combat the diarrhoa, etc., and to nourish and stimulate the patient. The quinine was gradually reduced and the sublimate wash again abandoned, most reluctantly, on account of a second gingivitis, in favor of a 270 solution of carbolic acid. The change however did no harm this time and the carbolized water was soon exchanged for a three per cent. solution of boracic acid with which the treatment was finished. On the 2d of December, the patient got up for about five hours. On examining with the speculum, a crucial depression was seen on the posterior lip, well cicatrized. The menses appeared on the 3d and lasted three days. In fact, I regard the cure as perfect.

This case certainly teaches that though the enucleation of fibroids of the body of the uterus is an operation too dangerous to be performed unless the life of the patient is threatened, still when the latter is the case it offers a pros-

pect of complete cure which should not be rejected.

STADFELDT ON THE TOXIC ACTION OF UTERINE INJECTION OF CORROSIVE SUBLIMATE.

The Weiner Med. Blatt., of Feb. 28, reports a case of death after the employment of a solution of corrosive sublimate for washing out the uterus, which case had been communicated to the Contralbl. für Gynäk, by Dr. Stadfeldt, of Copenhagen. The patient was an unmarried primapara, who had always enjoyed good health, and who was naturally delivered of a child an hour and a half after admission to the institution. The placenta was adherent,

causing considerable loss of blood, but no great subsequent anæmia. The genitalia were irrigated at first with carbolic solution, and on the sixth day with the customary solution (1 in 1,500) of corrosive sublimate. A sudden pain in the head, with feeling of suffocation, obliged the irrigation to be stopped before half the usual quantity had been used (the liquid flowed freely back again out of the uterus), and death occurred five days later, the chief symptoms having been pain in the head and abdomen, a feeling of great exhaustion, and diarrhoa. The tongue was tender, without salivation, and there was some ulceration on its under surface. A considerable amount of albumen was found in the urine. The pelvic organs were found at the necropsy to be quite normal, but both kidneys were large and pale, the convex being swollen and opaque, and sharply defined against the pyramids. Some ulceration was present in the large intestine, and hyperæmia of the mucous membrane in the small. Dr. Stadfeldt expresses his conviction that the death was undoubtedly the result of sublimate poisoning, but the Wiener Med. Blätter considers the appearances insufficient to say so with absolute certainty.-Extracted from the London Med. Record for July.

SUMMER DIARRHŒA.

The frequency and fatality of summer diarrhoa in children has long been a source of anxiety to practitioners, and especially of late has brought forth a number of articles from prominent physicians, discussing the best methods both of its prevention and cure. It is gratifying to find that in the main all the articles agree.

The two great factors of summer diarrhoa are indigestion and heat. Mother's milk is the only perfectly suitable food for an infant, not only on account of the adaptation of its composition to the nourishment of the child, but also because, on account of the light flaky character of its coagulum, it is more easily digested. Even mother's milk however, though perfectly healthful, may produce indigestion under certain circumstances. It is a very common habit among mothers to overfeed their children, so that their digestive powers will fail through overwork. Again, it is the custom to quiet all cries of infants by giving them the breast or the bottle. It is not astonishing, therefore, that food should disagree with such impressionable organisms, when in adults, fright, anger, or excitement of any kind have shown themselves so potent in arresting or disturbing the secretions.

When now we come to consider how many children, through ignorance or necessity, are partly or wholly hand-fed, the wonder is no longer how many die, but instead,

how many manage to live.

The problem of finding a suitable substitute for the mother's milk has long engaged the labors of many eminent scientific men, and has resulted in the numerous infant foods whose circulars flood physicians' offices. What success has been attained may be judged of by the conclusion reached by the conference convened at Salzburg in 1881, for the purpose of considering the diet of infants. Among those who participated in the discussion were men known throughout the world as authorities in children's diseases, such as Demme, Biedert, Gerhardt, Henoch, Steffen, Thomas and Soltmann. None of the physicians present dissented from the following proposition of the chairman, that "all the advances made in physiology in respect to the digestive organs of children only go to prove that the mother's milk is the only material which is quantitatively and qualitatively suited to the development of the child, which preserves the physiological functions of the organs of digestion, and, under favorable circumstances of growth, unfolds the organism in its completeness." All agree that when breastmilk fails, animal milk is the best substituted.

The many infant foods contained in the shops were considered by the conference, and, in the words of the chairman, "Now and evermore it is unanimously agreed that these preparations can in no way be substituted for mother's milk; and, as exclusive food during the first year, are to be entirely and completely rejected. Animal milk can be rendered much less objectionable, by preparing it in such a way as to prevent the formation of hard indigestible curds in the stomach of an infant. This may be done in two ways:

1st. By digesting the milk with pancreatic extract:

and

2d. By diluting the milk with some bland unirritating or mucillaginous substance, such as barley-water, or much better, gum-arabic, albumen, or gelatine-water. A little lime-water should also be added.

Of course, the peptonized milk is better, but it is difficult to have it prepared properly and hard to keep. It is pre-

pared by dissolving 5 grains of pancreated extract and 10 grains of sodium bicarbonate in a gill of warm water, and adding this to a pint of milk. This should be kept at a temperature of 100 to 120 F., until just before it begins to be bitter, then it should be placed on ice to prevent further digestion. Should this point be passed, the milk will be distasteful to the child and it will refuse it.

The second method is the more practicable, for the directions are easily followed, and it certainly promises

enough to entitle it to a first trial.

Starchy food is not required by children and should never be given unless first digested thoroughly with malt. When the child is very thirsty barley-water or plain water should be given: this will slake the thirst and prevent

overfeeding.

The other factor, heat, depresses the vital powers of children, so that they easily fall a prey to disturbing elements which would not be felt in more bracing weather. Of course, we can only palliate its effects. It would be a good plan if we could persuade parents to give their children two good long tepid baths a day, or if they seem at all drooping, to sponge them over with tepid water and vinegar. Should there be much rise of temperature, cold water effusions should be applied to the head, while the children are in the bath.

If children are seen comparatively early in the disease, little will be needed in the way of medicine. A dose of oil to begin with, followed by a few bismuth powders or some chalk mixture, will generally prove sufficient; if not, we may add some vegetable astringent and a little opium. The dejections will generally be found acrid and greenish, and will probably excoriate the buttocks, causing much pain at each evacuation. This is best treated by absolute cleanliness and keeping the parts dusted with lycopodium, or better, keeping them smeared with oxide of zinc ointment. Starch should never be used, as it forms crusts which are painful and hard to wash off. Should the discharges be alkaline, as we find them occasionally, some acid, such as aromatic sulphuric acid, will cause rapid improvement in a diarrhoa when other medicines would fail. Thus we see how essential it is both to see and test the evacuations.

Quinine should be given if we can trace any malarial element.

Tonics should be prescribed at the discretion of the physician.

In the more chronic forms, following the acute attacks, benzoate of sodium or ammonium, acetate of lead, and solution of nitrate of iron are to be preferred.

In the purely nervous diarrhoas, bromide of potassium or chloral hydrate will be more beneficial than any other

treatment.

A good diagnostic point in nervous diarrhea is, that we have evacuations almost immediately following the introduction of food into the stomach.

Finally, should choleraic symptoms appear, our main dependence should be placed in raw meat juice and brandy, and external warmth.

THROAT.

SORE THROAT IN CHILDREN.

Dr. Ashby in the Practitioner, December, 1883, contributes an article on the necessity of examining the fauces in children suffering from the different specific fevers. The important forms of inflammation of the throat in children are classified under four heads: (1) simple catarrhal tonsilitis; (2) scarlatina tonsilitis: (3) pseudo-diphtheritic: (4) diphtheria. In diphtheria the characteristic appearances are usually well marked about the pharynx, but there are some points which greatly aid one in determining whether the attack is diphtheria or not. Amongst these a swelling of the cervical glands with cellulitis, or perhaps a fetid discharge from the nose, is a point strongly in favor of diphtheria. Again the pulse is weak, the temperature is not high as a rule, the urine is loaded with albumen, and there is no rash to make one confound the attack with scarlatina. In diphtheria the onset is insidious, in scarlet fever it is sudden and is nearly always accompanied by vomiting and often by diarrhœa.

In simple catarrhal tonsilitis the onset is sudden, and the temperature rises the first evening to about 103 F., the tonsils are equally swollen and in a few hours vellow spots make their appearance owing to the retention of the secretion in the crypts. There is no true ulceration of the tonsils, nor sloughing of the soft palate, no cellulitis around the cervical glands. The pseudo-diphtheritic form often resembles true diphtheria very closely, but the cervical glands are

not swollen and there is no albumen in the urine.

THE PERI-TRACHEO-LARYNGEAL GLANDS.

Dr. Gouguenhein and M. Leral-Picquecheff, in the Λn nales des Maladies de l'Oreille, etc., Mars, 1884, from their dissections establish the following points:

These glands, following the course of the recurrent laryngeal nerve form a chain, and are arranged generally in

three groups-

(a.) The inferior group, the largest and most common,

are continuous with the mediastinal glands.

(b.) The middle group, less constant than the preceding, is composed of glands so small that they may escape notice.

(c.) The superior group, situated near the inferior and posterior part of the larynx, is perhaps less constant than the middle group, and composed also of very small glands.

The three groups may unite and form a continuous chain.

Occasionally one of the superior groups is absent.

In tuberculous cancerous and possibly syphilitic subjects,

they may become greatly hypertrophied.

The symptoms arising from compression of the nerves by the glands are due either to paralysis of the vocal bands or to spasm of glottis.

TREATMENT OF CORYZA.

Surgeon-Major G. E. Dolson, in the Lancet, May 31st, 1884, recommends the following, as an effective method of

treating a cold in the head:

Crumble a drachm or two of camphor and either pour boiling water on this or boil with water in a small vessel, then make a cornucopia of a newspaper and direct the steam to your nose and mouth, breathe this steam for about To minutes and repeat every hour for three or four times.

EYE AND EAR.

URÆMIC AMAUROSIS.

In an instructive paper, Dr. A. Friedwald, of Baltimore, after alluding to the fact that but little concerning uræmic amaurosis, is to be found in the text books on general or special medicine, because it is but one of a most alarming series of symptoms, points out that we know nothing of its pathology. Usually we observe the most severe uramic symptoms without the presence of amaurosis, while again amaurosis may be *the* conspicuous symptom; may indeed, lead to the detection of the uramia. If the ophthalmoscope shows retinal changes in a case of uramia with complete blindness such retinal changes must be regarded as having existed before the amaurosis. In albuminuric retinitis the

loss of vision is never complete.

The advent of uramic blindness is sudden. No changes are to be observed with the ophthalmoscope, and the symptom is not to be referred to any particular form of kidney disease. At times the patient is seized with convulsions from which he awakes blind, at others headache and vomiting precede the amaurosis, which, in turn is followed by convulsions, while in still other cases amaurosis is the gravest symptom. As uræmia, so, of course, the blindness peculiar to it may occur many times. It should be noted that the urine, previously loaded with albumin, may become scanty and almost free from albumin during an uræmic attack, while upon recovery the albumin reappears in large quantity. The pupils during uramic amaurosis may be normal, somewhat dilated but sensitive, or dilated and insensitive. The prognosis is thought to be somewhat best in the first case. The prognosis, however, is good in all cases if the patient survives. Sight may be restored completely or partially, suddenly or gradually; chances for complete restoration of sight being impaired by recurring attacks. Treatment should consist of free diaphoresis (by Jaborandi) and purgation. "In pregnancy, premature labor is the only remedy which promises safety to the patient." -Medical News, Aug. 9th.

RUPTURE OF THE CHOROID BY THE IMPACT OF LIGHT BODIES.

In the *Medical News*, July 5th, Dr. Chas. Schaffner mentions the case of a little boy of ten years who was struck just over the left eye with a "plush ball" flung by a playmate. The eye became red and somewhat painful, but this soon passed away under the influence of cold water. When the Doctor saw the child two days afterwards there was nothing much out of the way to be seen about the eye, but on testing, vision was found to be only do, and ophthalmoscopic examination revealed a rupture of the choroid. Eleven days later sight had improved (15), but this grave impairment of vision will probably prove permanent.

On Dec. 26th, 1883, an eleven year old girl was brought to our clinic at the Charity Hospital, who, on the previous

evening, had been struck on the globe downwards and outwards about 2 mm. from the cornea, by the ball from a Roman candle. There was swelling of the lid, chemosis, and slight lachrymation and photophobia. Some pain. Ophthalmoscopic examination showed detachment of the iris downwards and outwards. No view of fundus possible, which was set down to slight diffuse haziness of the cornea. In a few days all outward signs of trouble had disappeared, the detachment of the iris had healed, and the eye looked absolutely normal. Final examination before dismissal, however, showed vision equal to conly, and the ophthalmoscope now revealed a large rupture of the choroid just below papilla. The nerve itself showed well marked symptoms of atrophy, and there were extensive atrophic and pigmentary changes in the choroid. All of these conditions have grown steadily worse and at present the nerve is much atrophied, and the vision only 12. Now a plush ball is a very light object, not to be thrown with great force by a child, and I found the mean weight of three balls from a moderate sized Roman candle to be only 20% grs. Hence when we are called upon to care for an eve previously struck by a light object and displaying some redness of the lids and conjunctiva, let us not dismiss the case with; "Oh, that's nothing; that'll be all right in a day or so with a little cold water." Such a prognosis may ultimately cast discredit upon its author. Before we discharge our patient let us find out the condition of his vision. Perhaps although everything looks well enough we shall find that when our patient closes his good eye he cannot see across the room.

MASTOIDITIS.

Dr. Chas Warden, recommends that when tenderness over the mastoid is detected, the part be painted with a forty grain solution of silver nitrate, sometimes the lin. pot. iod. c. sapone preceded by a few leeches and followed by fomentations is useful. Great benefit may be derived at times from frictions with opium and belladonna linament. -Analectic, July, 1884.

LABYRINTHINE DEAFNESS.

"In recent cases of labyrinthine deafness, Politzer uses a two per cent. solution of muriate of pilocarpine. He injects subcutaneously four drops, and gradually increases the dose to ten drops daily. Half the cases are said to be benefitted."—Analectic, July, 1884.

THE BACELLUS OF JEQUIRITY.

Heppil, supported by Neisser, Salomonson, Dircking and Klein, contradicts Sattler's theory, that jequirity owes its powers to a specific bacillus, because: 1. jequirity opthalmia is not hetero-inoculable. 2. The bacilli are not found in the secretions, or the tissues affected. 3. Most typical cases are produced with infusion free from bacilli, and the more the bacillus multiplies the less the reaction from the infusion: 4. Isolated jequirity bacillus from cultures does not produce any reaction when placed on the conjunctiva. —Cincinnati Lancet and Clinic, July 12, 1884

THE NEW ORLEANS MEDICAL AND SURGICAL JOURNAL.

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Communications relating to medicine are invited from every source. Matters of more than ordinary importance are occurring daily to country physicians, brief reports of which this Journal would be glad to get.

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EDITORIAL.

"IS HOMEOPATHY BECOMING EXTINCT?"

"What though on me they pour their spite:
I may not use the gloser's trade,
I cannot say the crow is white,
But needs must call a spade a spade."

It is the universal history of great false doctrines that at first sustained by the genius, passion, and self deception of their prophets or immediate apostles, they attain in a short time amazing size, spreading themselves far and wide; but in time, this first impulse fallen slack, the all too bulky growths begin to droop and die, and soon become the home of quacks and charlatans who cant and chatter midst the

fallen branches. Religion, history, art, alike present us with glaring illustrations, and medicine is far from proving an exception. Look at the noble science of phrenology which sprung from the brains of Gall and Spurtzheim, and cherished for awhile by kindred spirits, seems to-day under the mysterious influence of that potent law—extremes will touch—to be indissolubly linked with the fine art of chiropodism.

Thus it has been and thus it is with homocopathy. Let us listen to the mournful confession as it falls from their own lips. In an excellent paper, from which we borrow our title, published in the *Cincinnati Lancet and Clinic*, July 12, Dr. E. C. Brush makes the following remarks and brings together the accompanying homocopathic expressions of opinion:

"In 1825 Dr. H. B. Gram of Boston, introduced homeopathy into the United State, since which time factions have arisen in the ranks, styled 'rational' and 'liberal' homeopathists, and these two have made a third which is supposed to have existed already, viz., 'pure Hahnemannians.' The latter are the consistent ones, and profess to believe and practice according to Hahnemann's teachings. The 'rational' homeopathists adhere to 'similia similibus curantur,' but take their materia medica from the rest of the profession, and also reject some of the side issues of homeopathy. The 'liberals' claim that medicines cure because of their alterative powers, and not by virtue of their similarity; they cling however, to the minute dose. In short, the rationalists reject the small dose theory, and the liberals go back on similia.

"It is not deemed necessary to mention the homeopathic materia medica, what they give, what they claim not to give

but do give, or anything of the kind.

It is taken for granted that a man who advertises himself as a homeopathist is one, and that if he is a liberal or a rational he would so advertise.

"Now we can answer that homeopathy is a peculiar practice in medicine, originated and established by Hahnemann as given in his 'Organon,' and consists of two fundamental principles, viz., 'like cures like,' and the administration of medicine in infinitesimal doses.

"Therefore a man who calls himself a homeopathist be-

lieves in these two fundamental principles as made by Hahnemann, and is guided in his practice by the Organon. If he does not do this he is a hypocrite, and practices medi-

cine under false pretenses.

"The earlier homeopathists no doubt were, or at least tried to be pure Hahnemannians, but this paper will endeavor to show that homeopathy is practically extinct. The testimony for this will be taken solely from the writing and utterances of homeopathists themselves.

"The following letter from Dr. Geo. Wyld, at the time of its writing Vice-President of the British Homeopathic Society, is intensely interesting. The letter is directed to Dr.

Richardson of the regular profession.

" 12 Great Cumberland Place, May 25, '77.

" Dear Dr. Richardson:

With reference to the conversation recently had with you concerning the advantages which might result if it were possible to abolish all sectarianism and its accompanying heart burns, from the profession, I now at your request submit my views in writing; feeling convinced that you will in a friendly spirit give the subject your serious consideration.

" 'In the first place I must state that Hahnemann in 1806, published in the pages of *Hufeland's Journal* his essay entitled "The Medicine of Experience." No mention was made of homeopathy in this essay, and the doses he recommended were tangible, not infinitesimal. The violent opposition this essay met with from the profession induced Hufeland to decline further communications in his journal from Hahnemann, and the effect of this treatment was to drive Hahnemann deeper and deeper into his peculiar views, until at last in his old age he held extreme and intolerant opinions regarding the profession generally, but especially in relation to the question of the dose. Unfortunately, many of the converts to the new system imitated the master more in his intolerance than in his genius, and this naturally led to those reprisals on the part of orthodox medicine, which in this country culminated in 1851, when the British Medical Association met at Brighton and passed a resolution that it was derogatory to its members to hold any intercourse with homeopathists. From that time to this we have been ostracised by the profession, and branded as aliens to whom no professional countenance could be shown.

"Since 1851, however, great changes have taken place in

this country on both sides of the medical profession. Many men have arisen in the ranks of medicine who have renounced all the heroics of the past in the treatment of acute diseases, while the homeopaths on their side have almost entirely abandoned the use of globules, and have substituted doses in a tangible form. Further, we find that whereas the earliest homeopathists denounced all auxiliaries in the treatment of disease, it is now the practice to make frequent use of all remedies of a simple kind. In short we define our practice as rational medicine, including the law of contraries, but plus the law of similiars.

"The abandonment of heroics on one side and the adoption of tangible remedies on the other side, has, to common observation, brought the two schools into very close juxtaposition, and the question therefore presents itself, can that ostracism which might have been justifiable in 1851 hold good under the present altered circumstances? To this you reply, that you do not ostracise us because we prescribe medicines according to a specfic rule, nor because we prescribe them in an unusual form, but you deny us professional intercourse because we proclaim ourselves sectarians, and by means of books, journals, societies and hospitals, we advertise ourselves as homeopathists.

"'To this we answer that we do not desire to publish ourselves; we do not write the word 'homeopathist' on our door plates (?); many of our books eliminate the name homeopathy from the title page, and a large number of our body have objected, in a recent memorial to the title Homeopathic School

meopathic School.

"We say, admit us on equal terms to your medical societies, and to the pages of your journals, and all sectarianism will from that day begin to decline, and this I believe will ultimately lead to the abandonment of all sectarian societies,

journals and hospitals.

"'To recapitulate: We admit, 1st, that the views expressed by Hahnemann are mostly extravagant and incorrect; 2dly, that Hippocrates was right when he said 'some diseases are best treated by similars, and some by contraries,' and and therefore it is unwise to assume the title 'homeopathist:' 3dly, that although many believe the action of the infinitesimal can be demonstrated in nature, its use in medicine is all but abandoned in this country.

"On these grounds, and claiming that we are legally qualified medical men and gentlemen, we claim the right of admission to your medical societies, and to professional

intercourse with the entire medical body.

"In conclusion, I must remark, although this letter must be regarded as non-official, the sentiments it expresses are held by a large number of our body.

Believe me, yours sincerely,

G. Wyld, M. D.'

"Now let us turn to our own country and see what the homeopaths think of themselves.

At a meeting of the Homeopathic Medical Society of N. Y., at Saratoga, July, 1878, the following preamble and

and resolution were adopted:

"' WHEREAS, the theory of dynamization, set forth in the Organon, has in the past few years developed in the homeopathic school a peculiarly extravagant and extremely questionable method of preparing homeopathic remedies, which seems to be clearly without explanation upon any known principle, other than that derived from magnetic or psycological forces; and

"WHEREAS, The accumulated experience of the past half century has demonstrated that the process of dynamization of medicinal substances, described and recommended in the Organon by Dr. Hahnemann, is neither consistent with the principles of the homeopathic school, nor reliable or satis-

factory in practice; and

"WHEREAS, It would appear that sufficient time and abundant opportunity has been afforded for furnishing conclusive evidence showing the scientific practical value of dynamization of medicinal and non-medicinal substances, if any such curative power existed therein; and

"WHEREAS, No satisfactory reasons have been adduced in support of this fanciful theory, and no trustworthy evidence of its claim for homeopathic endorsement has been furn-

ished: therefore,

"'Resolved, That we deem the theory of dynamization to be essentially non-homeopathic and while occasionally, from a psychological point of view, it may be appropriately applied in practice, in the opinion of this society it is still so obscure as to its origin and development, so uncertain as to its application, and has so little apparent connection with the proper application of similia as to warrant the conviction, after repeated and carefully conducted trials continued through many years, that it is unworthy the confidence of the homeopathic profession, and being non-homeopathic should not receive the endorsement of the homeopathic schools.'

"Poor old dynamization, after being a tried and true friend for nearly three-fourths of a century, you are thrown aside, but should you be needed 'from a psychological point of view' you will be used, no matter if you are 'non-homeopathic' and cannot be endorsed by the homeopathic school.

"In the second 'Whereas' they should have added, after 'neither consistent with the principles of the homeopathic schools' of to-day. The homeopathic school of

to day is consistent in nothing but its inconsistency.

"I imagine old Hahnemann turned over in his coffin and

groaned at this pull at the homeopathic flag.

"In 1879, not being satisfied with the resolutions of the year before, they tried it again. It is not necessary to give the whole resolution. Here is a part:

" Resolved, * That we have not in the past, nor do we now, yield one tittle of our rights as physicians to use any means or appliances of the general profession to aid in the treatment of our patients (under homeopathic law)."

"A few years ago (1878) the New York County Homeo-

pathic Medical Society passed the following:

- "Resolved, That in accordance with other existing associations which have for their object investigations and other labors which may contribute to the promotion of medical science, we hereby declare that, although firmly believing the principle "similia similibus curantur" to constitute the best general guide in the selection of medicine, and fully intending to carry out this principle to the best of our abilty, this does not debar us from recognizing and making use of the results of any experience! And we shall exercise and defend the inviolable right of every educated physician to make use of an established principle in medical science, or any theraputical facts founded on experiments and verified by experience, so far as in his individual judgment they shall tend to promote the welfare of those under his professional care."
- "Dr. Samuel Swan, one of the members, said that 'that resolution was a death-blow to homeopathy, a lowering of the flag * * Outsiders will look upon it as a confession of weakness and an admission that Hahnemann was wrong and homeopathy a failure. It is an acknowledgment that homeopathy is not an art of healing founded upon a natural law but a theory, an idea, a suggeston that is pretty good in some cases, a failure in others, a good rule to go by but not to be depended upon. It is only consistency and

adherence to principle that commands respect and the standing of homeopathists can only be advanced by continuous successes in practice. If a patient calls a physician as a homeopath, and the physician treats him in a manner not in accordance with or narrated by the tenets and principles of the school as given by Hahnemann, the patient can not be compelled to pay for his services, nay, more, if he is injured by such treatment and can substantiate his damages, he may recover on the ground of malpractice.

"Dr. S. Lilienthal, also a member, said thatDr. Swan himself was not an exclusive homeopathist in his prac-

tice. * *

" 'He (Lilienthal) did not believe that there were more than one or two homeopathic practitioners in New York and not more than that in Philadelphia who understood the materia medica. He had avowed bleeding a patient who was dying of pneumonia and thereby gave him relief and supposed that *certain* doctors would have refused to do so and when the patient died under their treatment, would have been satisfied that homeopathy had done all that was possible.'

"Dr. Edward Bayard, another member said 'the resolution justifies and encourages members of the society in practising principles and expedients in cure not under homeopathic laws Can this be right in a society avowedly

homeopathic?'

- "He futher said 'I see upon the faces of our allopathic brethren the smile of derision. They will say the distinct ground which you took and made the difference between us was an invidious distinction, having at its bottom self aggrandizement. The vantage ground you took so boldly you cannot maintain. Your vaunting colors that you raised so high you have brought to half mast. Homeopathy is dead."
- "Dr. J. C. Minor followed Dr. Bayard, speaking in favor of the resolution, and among other things said although we firmly believe the principle similia similibus curantur constitutes the best general guide to the selection of remedies, we are educated physicians, and as such we own what we know whether it belongs to homeopathy or not. We believe education qualifies a physician to use his own judgment and we defend his right to the utmost freedom of opinion and action on that ground."

"Dr. E. B. Flower spoke in favor of the resolution, saying the general public understand no difference between a

homeopathist and a homeopathist pure,' and wound up his remarks by asking is there in this room one homeopathist pure?' Three out of the sixty members present answered ves.

"Space forbids me giving any more of the discussion. The resolution was adopted and homeopathy received

another blow at home.

"In this connection it would be well to mention that homeopathists of Michigan asked the Legislature of that State for the removal of the homeopathic branch of the State University, saying it was a failure because the allopathic department was old and well established and monopolized the best sentiment of the place.' Some time since essentially the same thing occurred at the University of Vienna. The conclusion, says the Medical Record, to be drawn from these facts is, that wherever homeopathy is allowed to come out and display itself to intelligent students, by the side of regular medicine, it very soon attenuates and collapses. On the other hand, it is denied the opportunities that have been furnished it for the cry of intolerance and persecution which have assisted it so materially hitherto. We all know how they have played the baby act and posed before the public as martyrs and we also know that they have thrived by it. The way to kill off homeopathy is to give it an equal chance with allopathy. Had this been done years ago the corpse would now be mouldy."

Assuredly then, the vast majority of these men who chase the nimble shilling under the flimsy pretext of practising homocopathy, stand convicted out of their own mouths of obtaining money under false pretenses, and are entitled to no more consideration or respect than the confidence man or thimble rigger.

Finally, it may not be amiss to ask here, since what has gone before casts so strong a light upon the subject: How can any honest member of our profession allow himself to be persuaded that consultation with homeopaths is forbidden by the conventional fiat of professional etiquette alone? In such consultation the diagnosis once determined—for which two schools are unnecessary and superfluous—the regular physician can never consent to trifle away the life of

the patient by the administration of sugar coated pellits. The "pure Hahnemannian" alike remains firm and the consultation is absolutely fruitless. On the other hand if the latter yielding declares himself of little faith in all that constitutes the essence of homeopathy, he brands himself at the same moment sneak and hypocrite, a creature to be shunned by every honest man.

TREPHINING FOR INSANITY.

Assuredly medicine must look to her laurels! The history of surgery during the last few years presents us with a series of triumphs startling in their magnificence.

The crushing of large stones with the lithrotrite by Bigelow and Thompson, the safe removal of abdominal tumors by Wells and Tait, the resection of the stomach and intestines by Bilroth and others, the extirpation of diseased kidneys by many operators, and the latest proposition by Dr. Biondi to remove in whole or in part a diseased lung, mean the alleviation of human suffering and the prolongation of human life to a degree well nigh immeasurable.

The authors of these great advances may well stand astounded before the results which they themselves have achieved.

And now Dr. Wm. A. Byrd of Quincy, Ill., in a brief article in the *Medical News* of Aug. 2d, tells us of four cases of depressed fracture of the skull, followed by insanity where the trephine was used with *complete cure* of the disease in two out of the four cases. These successful cases were both operated upon by Dr. Briggs. In both the mania was of a furious type, and in both, as far as can be learned, operative interference was not very long postponed. "The record though short shows, I think," says Dr. Byrd, "that the operation of trephining should be resorted to oftener than it has been heretofore, and much earlier. The hope of recovery from earlier operative procedure is good, and the condition of hopeless insanity is such that not one of us but would personally be willing to

submit to any procedure for cure." Amen, indeed! If by the careful selection of cases, and the prompt and fearless use of the trephine, other names may be added to the list of those rescued from the dark doom of lunacy, what a crowning glory for operative surgery!

Assuredly medicine must look to her laurels!

THE ELOI CASE.

Victor Eloi, the wife-murderer, was hanged in the Parish Prison of this city on the 25th of July last, to vindicate the majesty of the law he had outraged. We do not wish to enter here into an account of his crime and of the circumstances which preceded, or followed it, nor do we intend to picture the hanging scene, our daily papers have been prolific enough on these subjects: but we wish to call forcibly the attention of the medical public to the fact, that though interdiction proceedings had been entered into against Eloi, after sentence, to prove that he was insane at the time he committed the crime, yet no autopsy was held on his remains to prove or disprove the decree of the Court, which pronounced him sane. We are forced to condemn that kind of morbid sensitiveness by which science is so often impeded in its march of progress, and we maintain that in this case an autopsy was eminently proper, and ought to have been held, notwithstanding the objections of the relatives. If we are to arrive at a better legislation with regard to insanity, we can only do so by making use of every opportunity offered us to search the bottom of facts after truth, and what opportunity could have been better than this one. In Eloi's case, the medical officials whose duty it was to be present at the execution used their best endeavors to secure an examination, and only desisted upon the sheriff positively refusing to allow it. But, had the sheriff a right to object and is it not left to the coroner and his jury to determine whether an autopsy is or is not necessary?

We are aware, when making the above statements that an examination after death, in a great number of cases of insanity, reveals nothing: nevertheless in many cases lesions are found characteristic of this condition, and therefore, in all doubtful cases an autopsy ought always to be performed.

A TESTIMONIAL TO DR. H. D. SCHMIDT.

It is announced that the medical friends of Dr. H. D. Schmidt, the eminent Pathologist of the Charity Hospital, are organizing for the presentation of a testimonial oil portrait of this gentleman, to the pathological department recently completed in the Charity Hospital. The presentation is to take place, we understand, on the first Monday in September, at the time when the Board of Administrators of the hospital hold their monthly meeting.

It is deeply gratifying to learn of this intended demonstration; no one in the profession, we are sure, is deserving of a public recognition of merit, more than is Dr. Schmidt. His whole life has been devoted purely to medical research; he has labored long, patiently and earnestly to elevate the study of Pathology and Microscopy among us, as every graduate of Louisiana and especially of the Charity Hospital is ready to attest. In fact, we can safely say, that there is not one resident student of the Charity Hospital, and they are numerous, who does not owe him all he knows of microscopical or histological technics.

Dr. Schmidt is unquestionably the great Microscopist and Pathologist of New Orleans, of Louisiana, and even of the South. The respect with which his views are held, and the renown which his technical labors have achieved wherever microscopical pathology and histology are taught, fully substantiate the high opinion which we hold of him here. It is in grateful acknowledgment of his great merits and as his sincerest admirers, that we most heartily second the efforts now being made to present him a lasting and fitting testimonial; and, we are certain that the medical profession of New Orleans, though slow in many particulars, will

not fail on this occasion to testify their appreciative approbation of one whose whole existence has been unselfishly devoted to the task of elevating their worth as a scientific community.

For reasons stated in the Salutatory of the July number, the names of our Editorial Staff were withheld from publication. This action, perhaps creditable to our modesty, we are now convinced, will prove injurious to the financial interest of the Journal. Many persons have expressed their reluctancy to forward money to a Publishing Association without personal identy, while others decline to invest in literary wares of unknown authorship. Therefore, we publish in this number a prospectus announcing the membership of the New Orleans Medical Publishing Association, and moreover hereunto affix our hands, as our friends and subscribers' most obedient servants:

A. B. Miles, M. D.
Geo. B. Lawrason, M. D.
Rudolph Matas, M. D.
Henry Dickson Bruns, M. D.
Fred. W. Parham, M. D.
P. E. Archinard, M. D.
A. McShane, M. D.
Jno H. Bemiss, M. D.
E. Lockert Bemiss, Esq.

DR. A. C. LOVE,

Died at his residence in Darronville, Parish of Ascension, on the 29th of July, 1884, aged thirty-two years.

This is a sad announcement to members of the profession in Louisiana, by whom the deceased was held in very high esteem.

Albert Clarence Love was born in Lowndes County, Mississippi, December 2nd, 1851. His parents were persons of Christian piety, and from them he inherited those sturdy virtues, that were the mainstays of his life. He received his early education at Cooper Institute, Miss., and graduated as the valedictorian of his class. He attended his first course in medicine in the Medical College of Alabama, and subsequently graduated in the Louisville Medical College, in 1875,—again the valedictorian of his class. In the session of 1877–78, he attended a post-graduate course in the University of Lousiana, and daily visited the wards of the Charity Hospital. He was a close and thoughtful student of medicine. His mind was trained to medical reasoning. As a physician, he was apt in diagnosis, and rational in the treatment of disease.

Dr. Love was a member of the Louisiana State Medical Society, and always attended the meetings. His pride of profession was a striking trait of his character. Two years ago, he was invited by the Association of Alumni of his Alma Mater and delivered the Annual Address distinguished for its earnestness and scholarly composition.

Dr. L. came to Louisiana in December, 1878, and settled in the Parish of Ascension. The people of the parish were at the time, stricken with grief by the disasters of the year and the loss of Dr. Cecil, who died of yellow fever. Dr. Love soon entered upon a large practice, and ever afterward enjoyed, in an eminent degree, the confidence of the community.

At the time of his death, he was President of the Parish Board of Health, and of the School Board; member of the Police Jury: Knight of Honor and Knight of Pythias: member of the Guild of Ascension, of the Sugar Planters' Association, and of the Ascension Democrat Publishing Company. He was a useful citizen, and wielded among his people a kindly influence, potent for doing good.

We feel very sad in the loss of our confére, taken away in the vigor of manhood, with his life yet so full of promise.

CORRESPONDENCE.

Wesson, Miss., July 20th, 1884.

Messrs. Editors New Orleans Medical and Surgical Journal:

Gentlemen—I would respectfully submit a report of three cases of foreign body in the intestinal canal, occurring in my practice, during the past month.

Case I. O. A., a child three years old, on June 1st, swallowed a nickel. It passed through the osophagus without any difficulty. No serious symptoms followed the accident. I ordered castor oil twice daily, and on the third day, the nickel passed. It was dark in color and somewhat corroded.

Case II. H. R., at. four years; swallowed an ordinary buck-shot. Castor oil every morning expelled it on the third day. No diarrhea followed. The boy was not kept from his play.

Case III. L. II., an infant nine months old, on the 10th of June, swallowed a 1½ inch screw. I considered it useless to attempt emesis to expel it, or to operate for its removal, epsom salts were ordered at night. Castor oil, ordered on the second day, gave a great deal of tenesmus on evacuating the bowels. On the eve of the third day, the screw passed, having reversed ends in its passage down the canal. The dimensions of the head of the screw were certainly nearly as large as the calibre of the intestine. Still in its passage, it came head first, and made the distance in the same time as the nickel and bullet, which passed without causing any inconvenience.

The passage of foreign bodies is not subject to any fixed law. Still, in the cases herein reported, the bodies passed in exactly the same time. In neither case, did patient suffer of tenderness upon pressure, bilious vomiting or hiccough.

These cases, taken together, suggest the propriety of leaving nature to expel all such bodies, without deranging the canal by violent purgatives or emetics: or worse still, imposing the risk of a difficult operation.

I thought my last case unique: but, upon examination, I find recorded in Bryant's Surgery the report of the case of a woman, who, with suicidal intent, swallowed thirteen screws, 2½ inches long, with a raised head ¾ inch in diameter. She passed the last screw by the end of the sixth month. Cheerfully yielding the palm to Bryant's case, I merely chip in mine for what it is worth.

Yours very truly,

LUTHER SEXTON, M. D.

Reviews and Book-Notices.

The Adjudged Cases on Insanity as a Defence to Crime, with Notes. By John D. Lawson, Author of "The Law of Expert and Opinion Evidence," "A Concordance or Words, Phrases and Definitions," "Usages and Customs," "Leading Cases Simplified," "The Contracts of Common Carriers," etc., etc. St. Louis: F. H. Thomas & Co., 1884. 8vo., 953 pages.

This work is a compilation of every reported case in England and America where insanity was urged as a defence to a criminal charge.

The author, who is a law writer of high reputation, has used rare judgment in the arrangement of these cases into six general divisions: I, The legal test of insanity: II, The burden of proof of insanity: III, Drunkenness; IV, Kleptomania and Somnambulism: V, Evidence and Practice: VI, Insanity at trial or after conviction.

The points which make the book one of especial importance to the lawyer are, 1st, that in each case there has been given a verbatim report of the charge of the judge to the jury, on points relating to insanity and of the rulings on it of the Superior Court, when there has been an appeal, and 2d, the copious notes and references by the author.

But the physician as well as the lawyer will derive much entertainment and benefit by turning to the pages where

expert testimony is discussed, where he will learn what so few professional men know, namely, what is the nature and extent of expert testimony. A physician, and every other expert should confine himself to answering categorically the questions asked him, and refrain from any general disquisition on the subject matter of the question. A medical expert is not called upon for an opinion as to the guilt or innocence of the accused. His statements and opinions should be made to apply to a parallel case and not to the particular case on trial, unless he be a commission de lunatico inquirendo A medical expert before he gets on the stand should consider that he is going to be examined by two lawyers, whose objects are, in most cases, directly opposing. That his general answer to a question of one, may apparently be negatived by his particular answer to the question of the other. He should take no sides and should allow himself to be questioned by neither attorney before the trial The observance of such rules, which the medical expert may gather from reading this book, will save him much embarassment and humiliation.

It would be hard to answer whether a lawyer's or a physician's library would most feel the absence of this work, but it is safe to say that no physician's collection of books, on forensic medicine would be complete without this volume.

Post-Nasal Catarrh and Diseases of the Nose causing Deafness. By Edward Woakes, M. D., Senior Aural Surgeon, and Lecturer on Diseases of the Ear, London Hospital: Senior Surgeon, Hospital for Diseases of the Throat, London. Illustrated with wood engravings. Philadelphia: P. Blakiston, Son & Co., 1012 Walnut Street, 1884. [New Orleans: Armand Hawkins, 1961/2 Canal street. 8vo. pp. 224. Price, \$1 50.]

This volume, as stated by the author, deals with a department of disease subsidiary to that which is usually considered the special domain of the aural surgeon. It has for its subject the catarrhal lesions of the naso-pharynx, of which ear diseases and deafness are secondary and later

issues. We regret excedingly that the pressure of overcrowding forces us to exclude a lengthy review of this most excellent work, for we are convinced the author has some decidedly original views which are worthy of a detained consideration, particularly in the chapters relating to the "Ætiology of Catarrh" and "the Mechanism of Taking Cold," which in themselves would deserve the whole space allotted to this department: but obligations in other directions force us to limit our review to the merest notice. We can well say that this text presents two aspects: one, theoretical and more properly speculative, and the other, practical. In the writing of both, the author displays talent, ability and experience. Of the 199 pages which constitute the work, the first 46 may be said to be devoted to purely theoretical considerations, those remaining, to practical questions. "Introductory observations on the Correlating and Reflex Functions of the Sympathetic System," the "Ætiology of Catarrh" belong to the first category. "Chronic or Post-Nasal Catarrh and its sequences." "The Hygienic management of the Catarrhally predisposed." "The diagnosis of Chronic Catarrh and the appliances needed for its detection:" Acute Catarrh, and its treatment;" "Chronic Pharyngitis;" "Simple Hypertrohy of the Pharyngeal Tonsils," Lymphoid Papillomata of the Naso-Pharynx or Post-Nasal Vegetations and Treatment." Stenosis of the Nasal Fossæ, its varieties and treatment, are all practical and interesting chapters which will be found replete with new and profitable suggestions, worthy of the attention of all medical readers. The illustrations are very original, and well engraved; the typography is excellent and nothing but praise can be bestowed on both author and publisher.

Transactions of the Mississippi State Medial Association, April, 1884.

This is a neatly printed pamphlet of 190 pages, representing the work of the Seventeenth Annual Session of this Association.

The roll of membership shows a total of 303: of these 2 are marked "deceased" and 6 "removed from the State," leaving a total of 295 members, certainly not a bad showing. On roll-call, however, only thirty-four members answered to their names and only fifteen new members were admitted during the session. We could have hoped that the Medical Association of the State of Mississippi would make a better exhibit of attendance, that our own State Medical Society might be shamed by the contrast into doing better than it has done Certainly, our Society might strive with advantage to emulate the interest shown by the contributors of papers to this volume of transactions The address of the retiring president, Dr. Greene, twelve pages on various medical subjects and a lengthy report on Surgery in Mississippi, make up the transactions. Nearly all the papers have something to commend them. None are too long and all show a desire to assist in the work of the Association.

A special feature of the volume is the report of the Surgical Committee, by Dr. Craft. This consists of quite a mumber of short reports of Surgical cases occuring during the past year in the practice of various members of the Medical profession of the State. This is probably the most interesting and valuable part of the report.

Student's Manual of Electro-Therapeutics. By R. W. Amidon, A. M., M, D., Secretary of American Neurological Association, Member of the New York Neurological Society, of the New York Academy of Medicine, of the New York Pathological Society, Lecturer on Therapeutics at the Women's Medical College of New York Infirmary, etc., etc. G. P. Putnam's Sons, New York, 1884. New Orleans, Armand Hawkins, 1961/2 Canal St. pp. 93. [Price \$1 00.]

This is an excellent little work and admirably adapted to students and practitioners of medicine. As stated in the preface, the author does not pretend to write an exhaustive treatise but presents the book chiefly as a protest against the mysticism and charlatanry which have ever hung around the literature and practice of Electro-Therapeutics. The work is divided into four parts: in the first, the author presents as much of Electro-Physics as is necessary to the proper understanding of the construction and use of the medical batteries; in the second, he points out the physiological effects of the galvanic and faradic currents; in the third, he gives a brief outline of Electro-Diagnosis; and in the fourth, he shows the kind of electricity and its mode of application in different diseases. These various points have all been most happily and concisely treated by the author, and we most earnestly recommend this little book, which can easily be read and mastered in a few hours, to every one who wishes to acquire a clear and honest conception of electricity as applied to medicine.

It is needless to state that we most cordially endorse all of Dr. Amidon's opinions as expressed in this volume.

Auscultation, Percussion and Urinalysis: An Epitome of the Physical Signs of the Diseases of the Heart, Lung, Liver and Kidneys. Edited by C. Henri Leonard, M. A., M. D., Professor of the Medical and Surgical Diseases of Women and Clinical Gynaecology, Michican College of Medicine. Fully illustrated: Cloth, 16 mo. 166 pages, post-paid, \$1.00. Detroit, Mich., 1884. The Illustrated Medical Journal Co., Publishers.

This little book, as its tittle page indicates, is merely a rearrangement of what is known on these subjects for the benefit of students. The test of such a work as this is its usefulness as a book of ready reference, and time only can decide this.

The Archives of Pediatrics, a medical monthly devoted to the Diseases of Infants and children, which began its career as a private publication, has met with so much success that its bussiness management has grown beyond the facilities of private individuals, and has been transferred to John E. Potter & Company, Publishers. Thy will henceforth issue it from their New York office.

It is edited by William Perry Watson, M. D., Jersy City, assisted by Doctors J. M. Keating of Philadelphia, Joseph P. Oliver of Boston. Marcus P. Hatfield of Chicago, F. Forcheimer of Cincinnatti, Edward Borck of St. Louis. Jerome Walker of Brooklyn, A. D. Blockader of Montreal, James F. Goodhart of London, James Finlayson of Glasgow, and others, and is the only Journal in the English language devoted to Children's Diseases.

We have received a beautiful picture of the Southern Exposition, which opens at Louisville, Ky., Aug. 16, and continues until Oct. 25th. The view is of the main building, which is one of the largest Exposition buildings ever erected. It covers thirteen acres of ground, and will be lighted throughout by five thousand electric lights.

Publications Received.

On Paroxysmal Fever-not Malarial. By J. H. Musser, M. D.

A Modification of the Sphygmograph, being a change in the base of the instrument of Pond. By J. M. Musser, M. D., of Philadelphia.

Quarantine and Commerce. Remarks of the President of the Board of Health of the State of Louisiana, before the Representatives of the Exchanges and other commercial bodies.

Memoir on the Nature of Diphtheria. By Drs. H. C. Wood and H. F. Formad, of Philadelphia. Appendix A. Report of the National Board of Health.

The National Dispensatory; containing the Natural History, Chemistry, Pharmacy, Actions and Uses of Medicines, etc. By Alfred Stille, M. D., LL. D., and John M. Maisch, Phar. D. Third edition. Thoroughly revised, with numerous additions. With 311 illustrations. Philadelphia: Henry C. Lea's Son & Co., 1884.

Pathology and Morbid Anatomy. By T. Henry Green. Fifth American from sixth revised and enlarged English edition. With 150 illustrations. Philadelphia: Henry C. Lea's Son & Co., 1884.

Materia Medica and Therapeutics. An Introduction to the Rational Treatment of Disease. By J. Mitchell Bruce. Philadelphia: Henry C. Lea's Son & Co., 1884 [Students' Manual Series].

The Pensacola Yellow Fever Epidemic of 1882. By Dr. R. B. S. Hargis, of Pensacola, Fla. Reprint from 9th vol. Transactions Am. Public Health. Axton, 1884.

Public Health Laws of Illinois, and Sanitary Memoranda for the information and use of Local Health Authorities and others. Ill. State Board of Health, 1884.

Poisoning by Cannabis Indica. Two drams of Herring's English extract Indian hemp, being taken without suicidal intent. By A. B. Cook, A. M., M D. Reprint from the American Practitioner.

Circulars from Treasury Department (Customs Dept.)—
1. Regulations under the Shipping Act. An act to remove certain burdens on the American merchant marine, and encourage the American foreign carrying trade, and for other purposes.

2. On prevention of cholera.

3. On importation of rags from Egypt.

Report of the Board of Managers of the Pennsylvania Hospital for 1884.

In Memoriam. A tablet to the memory of the illustrious S. D. Gross. By D. W. Yandell, M. D., of Louisville, Ky.

Report of Proceedings of the Tennessee State Board of Health, Quarterly Meeting, Nashville, July 1st,, 1884.

L'Assainissement suivent le systeme Waring. Par Ernest Pontzen, Ingenieur Civil. Prix, 2 fr. 50c. Paris, 1884.

Transactions Mississippi State Medical Association. West Point, 1884.

Sulla Tracheo-Stenosi per Ipertrofia congenita del timo per il Dottor Guiseppe Somma. Estratte dall'Archivio di Patologia Infantile. Anno 11, 1884, Napoli.

The Theory and Practice of Medicine. By Frederick T. Roberts, M. D., B. S. C., F. R. C. P. With illustrations. Fifth American edition. Philadelphia; P. Blakiston, Son & Co., No. 1012 Walnut street, 1884.

Diseases of the Throat and Nose, including the Pharynx, Larynx, Trachea, Æsophagus, Nose, and Naso-Pharynx. By Morrell McKenzie, M. D. London, vol. ii. Illustrated. Philadelphia: P. Blakiston, Son & Co.

Quiz Compends, No. 10. A Compend of Organic and Medical Chemistry. By Henry Leffman, M. D., D. D. S. Philadelphia: P. Blakiston, Son & Co., 1884.

Treatment of Diabetes Mellitus. By Austin Flint, Jr., M. D., etc. Reprint from Journal Am. Med. Austin, 1884.

Gun-Shot Wounds of the Small Intestines. By Charles T. Parker, M. D., Professor of Anatomy in Rush Medical College, Chicago, Ills.

De las Fiebres de Borras o Calenturas Malas de las Antillas. Dr. A. W. Reyes, de la Facultad de Paris, Miembro de la Academia de Medicina de la Habana, etc., Director del "Eco Cientifico de las Villas," Habana, La Propaganda Literaria, 1884. p. 42. 8vo.

Bulletin Menseul des Nouvelles Publications de Librairie de J. B. Bailliere et Fils. Paris, 19 Rue Hautefeuille, Pres du Boulevard St. Germain.

Twentieth Report of the Trustees of the City Hospital, Boston, 1883-84.

On the Diagnosis of Tumors of the Anterior Mediastinum. By James C. Wilson, M. D., Philadelphia. Reprint Journal Am. Medical Association, July 12, 1884. Chicago, 1884.

Two Suggestions Concerning Healthy Buildings. By W. C. Van Bibber, M. D. Baltimore, Md.

By L. H. Wood, M. D. Denver, Colorado. Phthisis Pulmonalis, etc. Reprint from Denver Med. Times.

The Proceedings of the Naval Medical Society. Washington, D. C., 1884.

Proceedings, Addresses and Discussions of the Third Semi-Annual Meeting of the Kentucky State Sanitary Council. Held at Bardstown, Ky., March 26, 27, 1884, under the Auspices of the State Board of Health.

Fifth Annual Report of the State Board of Health of Illinois. Springfield, Ills., 1883.

TEMS

At the International Medical Congress (Copenhagen), M. Pasteur delivered an address upon Hydrophobia and upon his experiment concerning (I) trephining; (2) injection into the blood; and (3) the bite of the dog. When he had discovered this method of inoculating dogs, and so made many dogs insusceptible of hydrophobia, he requested the French Government to appoint a competent committee to judge of his results. The request was granted by the Minister of Education, M. Fallière, who appointed MM. Béclard, Paul Bert, Bouley, Tisserand, Villemin, and Vulpian, as members of the committee. This committee has just sent its report to the minister, of which the following are the most important points. M. Pasteur gave twenty-three inoculated dogs to the committee. These were compared with nineteen non-inoculated dogs selected by the committee. The commission first observed that, in guinea-pigs, the onset of hydrophobia occurred five days after inoculation, and it was also ascertained that, in rabbits and dogs, the period of incubation was extended to twelve or fifteen days. The experiments, by the request of the commission, commenced by inoculations made within the cranium. The matter for inoculation was taken from the pons variolii of a dog who died in the infirmary at Alfort from ordinary hydrophobia. A circular piece of bone, five or six millimetres in diameter, was removed with the trepan, and the inoculation was made with a syringe in which the extremity of the needles was bent almost to a right angle, so that the matter was inoculated immediately beneath the dura mater, and not into the cerebral substance. In this manner, two dogs who had been admitted to prophylactic inoculation, and two who had not, as well as two unprotected rabbits, were inoculated: subsequently, two protected and two unprotected dogs were allowed to be bitten by a dog suffering from hydrophobia; and after the death of this dog, six other dogs, three protected and three unprotected were inoculated. On subsequent days, the experiments were repeated and varied. Altogether, fortytwo dogs were used, of whom twenty-three were protected by prophylactic inoculation and nineteen were unprotected Of the nineteen not projected fourteen died of hydrophobia; that is to say, of animals bitten, three out of six died: of eight animals in whom intravenous inoculation was performed, six died, and all five inoculated through an aperture made in the cranium with a trepan; of the twenty-three dogs protected by prophylactic inoculation, not one died of hydrophobia, one died with diarrhæa: but inoculation showed that there was no reason to suppose that the animal had hydrophobia. The work of the commission is for the present arrested, but will be resumed: attention will be particularly directed to the methods of vaccination, and to the question whether the inoculation of an animal already bitten can prevent the subsequent development of the disease. M. Bouley, writing in the name of the commission, testified that, so far as the investigation had gone, it had been found that M. Pasteur had advanced no statement which was not rigorously exact. He had not established that, by inoculation with an attenuated virus, dogs could be rendered refractory to hydrophobia. It yet remained to be ascertained for how long this immunity persisted. The commission now intends to vaccinate twenty dogs of their own accord, so as to ascertain results independently of M. Pasteur. M. Pasteur finished his address by stating that animals are proportionately less infected by bites from dogs than by inoculation. His experiments had only produced results with regard to animals, but he considered it most likely that, if the dog could thus be made insusceptible of hydrophobia, the source of this dreadful disease in man would be extirpated, and the question as to prophylaxis both for dog and man, would be solved.

Sir Erasmus Wilson, LL. D., F. R. S., the well-known and prolific writer on Dermatology, and late President of the Royal College of Surgeons of England, diedAugust8th. He was born in 1809, became a member of the Royal College of Surgeons in 1831, Fellow in 1843, member of the Council in 1870, and President in 1881, He founded the Chair of Dermatology and the Museum of Dermatology in the College of Surgeons in 1869, and was elected the first professor. He made munificent gifts to the hospitals, also founded a Chair of Pathology in the University of Aberdeen. He took great interest in Egyptology, and it was through his munificence that Cleopatra's Needle was transported from the borders of the Nile and erected on the Thames embankment in London,

METEOROLOGICAL SUMMARY—JULY. STATION—NEW ORLEANS.

Date.	Daily Mean Barometer.	Daily Mean Temp'rature	Daily Max. Temp'rature	Daily Min. Temp'rature	Daily Rain- fall, inches.	GENERAL ITEMS.
6 78 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 Sums	29.952 29.977 29.961 29.956 30.007 30.007 29.980 29.880 29.880 29.887 29.961 29.987 30.015 29.957 29.968 29.973 29.973 30.030 30.073 30.059 30.010 30.002 29.994 29.979	82.6 83.6 85.0 79.9 86.3 87.3 85.5 85.9 86.0 85.9 86.0 86.6 86.6 86.6 86.6 86.8 86.0 86.8 86.0 86.8 86.0 86.8 86.8	87.27 87.27 87.27 89.58 84.8 91.99 92.4 91.07 90.0 90.0 90.12 91.57 91.57 91.57 91.57 90.0 90.6 90.6 90.6 90.6 90.9 9	75.00 777.578.774.88 777.68.880.775.88 77.6.66 777.48776.66 79.77880.66 777.680.6777.880.6777.880.6777.880.6777.690.6777.690.600.6777.690.600.600.600.600.600.600.600.600.600		Highest Barometer, 30.110. 24th. Lowest Barometer, 29.812. 10th. Monthly Range of Barometer, .298. Highest Temperature, 94.7. 6th. Lowest Temperature, 71.4. 26th. Greatest daily range of Tempert'e, 19.2. Least daily range of Temperature, 19.3. Mean daily range of Temperature, 12.8. Mean Daily Dew-point, 73.8. Mean Daily Dew-point, 73.8. Mean Daily Relative Humidity, 69.7. Prevailing Direction of Wind, West. Total Movement of Wind, 5049 Miles. Highest Velocity of Wind and Direction, 37 Miles, West. No. of foggy days, 0. No. of clear days, 10. No. of fair days, 18. No. of cloudy days, 3. No. of days on which rain fell, 13. Dates of lunar halos, 0. COMPARATIVE MEAN TEMPERATURE. 1873. 82.4 1879 82.9 1874. 81.4 1880 81.7 1875. 81.8 1881 84.4 1876. 83.4 1882 80.5 1877. 83.7 1883 83.5 1878. 94.1 1884. COMPARATIVE PRECIPITATIONS. (Inches and Hundredths.) 1873. 6.27 1879. 7.04 1874. 12.93 1880 1.22 1875. 6.57 1881 6.97 1876. 4.73 1882 6.84 1877. 6.41 1883 3.33
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H. B. BOYER, Observer, Signal Corps, U. S. A.

MORTALITY IN NEW ORLEANS FROM JULY 19TH, 1884, TO Aug. 23RD, 1884, INCLUSIVE.

Week Ending.			Consump- tion.			
July 26th	0 0	10 17 4 5	17 19 18 16 14	5 2 0 0	4 3 3 4 2	145 133 96 96 121
Total	I	47	84	8	16	591

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Certificate of Composition and Properties of Lactopeptine by Prof. Attfield Ph. D., F. R. S., F. I. C., F. C. S., Prof. of Practical Chem. to the Pharmaceutical Society of Great Britain.

Lactopeptine having been prescribed for some of my friends during the past five years—apparently with very satisfactory results—its formula, which is stated on the bottles, and its general characters, have become well known to me. But recently, the manufacturer of this article has asked me to witness its preparation on a large scale, to take samples of its ingredients from large bulks and examine them and also mix them myself, and to prepare Lactopeptine iom ingredients made under my own direction, during all this with the object of certifying that Lactopeptine is what its makers profess it to be, and that its ingredients are in quality the best that can be obtained. This I have done, and I now report that the almost inodorous and tasteless pulverulent substance termed Lactopeptine is a mixture of the three chief agents which enable ourselves and all animals to digest food. That is to say, Lactopeptine is a chilf-fully prepared combination of meat-convecting, fat-converting, and starch-converting materials, acidified with those small proportions of acid that are always present in the healthy stomach; all being disseminated in an appropriate vehicle, namely, powdered sugar of milk. The acids used at the factory—lactic and hydrochloric—are the best to be met with and are perfectly combined to form a permanent preparation: the mick sugar is absolutely pure; the powder known as "disatase" or starch-digesting (bread, potato, and pastry-digesting) material, as well as the "pancreatine," or fat-digesting ingredients, are as good as any f can prepare; while the pepsin is much superior to that ordinarily used in medicine. Indeed, as regards this chief ingredient, pepsin, I have only met with one European or American specime equal to that made and used by the manufacturer of Lactopeptine. A perfectly parallel series of experiments shewed that any given weight of the same pepsin. Sooner or later, however, the action of the Lactopeptine ovartakes and outstrips that of pepsin alone, due, no doubt, to the meat digesting as w LONDON. May 3, 1882. tine is a most valuable digesting agent, and superior to pepsin alone.

LACTOPEPTINE contains all the agents of digestion that act upon food, from mastication to its conversion into chyle, thus combining all the principles required to promote a Healthy digestion.

One of its chief features (and the one which has gained at a preference over all digestive preparations) is, that it precisely reoresent in competition the matured digestive intees of the stomach, pancreas and salivary glands and will therefore readily dissolve all foods necessary to the recuperation of the human organism.

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Sugar of Milk40 ounces.	Veg. Ptyalin or Diastase
Pepsine 8 ounces.	Lactic Acid
Pancreatine 6 ounces.	Hydrochloric Acid fl. drachms.

LACTOPEPTINE is sold entirely by Physicians' Prescriptions, and its almost universal adaption by physicians is the strong est guarantee we can give that its therapeutic value has been most thoroughly established.

The undersigned having trsted LACTOPEPTINE, recommend it to the Profession.

ALFRED L. LOOMIS, M. D., Prof. of Pathological and Practice of Med., University of the City of New York.

ALFRED R. A. KING, M. D., Washington, D. C., Prof. of Obsteries, University of Vermont.

SANUEL R. PERCY, M. D., Prof. Materia Medica, New York Medical College.

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OCTOBER, 1884.

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NEW ORLEANS

MEDICAL AND SURGICAL JOURNAL.

OCTOBER, 1884.

PRIGINAL PAPERS.

Reminiscences of Interesting Cases and Incidents in my Early Medical Experience.

" Jucundi Acti Labores."

BY RICHARD H. DAY, M. D., BATON ROUGE, LA.

CASE I.—MEMBRANOUS CROUP.

In the Autumn of 1831, while yet a student, having attended one course of Medical Lectures, my preceptor who had a large clientele, gave at times cases to the care of his students for the double purpose, of affording them an opportunity of acquiring a practical knowledge of medicine, as well as to lessen his own severe physical labors.

On this occasion, he was summoned shortly after midnight, to ride about eight miles to see a child, said to be suffering from an attack of croup. At his request I took the ride, reaching the place about sunrise. While hitching my horse to the yard fence, thirty or forty feet from the house, I could distinctly hear the loud croaking breathing of the poor sufferer, so pathognomic of croup.

On entering the room, I found a male child about three years old, in the arms of his distressed mother, his face livid, the jugular and surface veins turgid with blood, and the carotid and temporal arteries beating violently to hurry

on the half ærated blood through his congested lungs. His breathing was of the most labored and distressing character, indicating almost immediate suffocation. His pulse was quick, rapid, tense and forcible. His parents had used warm mustard footbaths, mustard plasters to his chest, as also a plaster of Scotch snuff (a great remedy with old women in such cases) without any mitigation of his symptoms. It struck me at once, that prompt emesis was imperatively demanded, and having with me 2 ounces of antimonial wine, (tartrate of antimony being the great emetic of that day), I commenced with it in full doses, repeated every thirty minutes, expecting after each dose, that vomiting would surely set in: but to my surprise and disappoinment, the whole two ounces were taken without the slightest nausea being induced, although, during the time, I repeatedly with a feather, tickled the fauces to excite vomiting, that the croupous membrane, which was evidently filling the trachea and closing the glottis, might be ejected and thereby give relief.

Failing to produce vomiting, or to afford any relief whatever, I experienced a feeling of responsibility that was overwhelming. I said to the father, "I fear to proceed any further with your child knowing my inexperience, without some older physician in consultation." Fortunately, Dr. Berry, a retired army surgeon (but not then in practice), lived but a short distance away, and I had him immediately sent for, and soon he was at my side. After examining the child, and I had detailed all that had been done, and without effect, he said, "he could suggest nothing else likely to do good, and thought the case must speedily terminate in death." I replied, "it is very hard to abandon the little sufferer, that I was anxious to give relief, and I thought that blood-letting, even in so young a subject and so desperate a case, was justifiable: that possibly, it might unload the turgid blood vessels, take off the severe pressure upon the great vital organs, relieve the oppressed nerve centres, and start the vital functions into action; that if he would share the responsibility of the result, I would try it as a dernier resort." This he agreed to, and I quickly advised the parents of our determination as the only alternative left, offering the slightest hope. They consented at once. I had a large washtub brought and partly filled with pretty hot water, stripped the child and immersed him up to his arm-pits, ligatured the arm, opened a vein, from which the dark blood flowed in a full stream, from a large orifice. With my finger upon the radial artery, intent upon detecting the first impression upon the heart, I watched every throb, and every expression, with an indescribable anxiety. I took a pint cup full; no perceptible impression made; another pint cup was brought, the blood continuing to flow, growing I thought, somewhat brighter in color; then the pulse softened, his his face grew pale and vomiting commenced. I instantly removed the bandage from the arm, tied up the vein, wrapped him in a warm blanket and laid him upon the bed. By this time he had vomited freely, ejecting large masses of false membrane, with immediate relief of his distressed breathing and a cessation of his alarming symptoms. We remained until all fear of prostration had ceased, when, after giving proper directions as to management, and nourishment leaving a few small doses of calomel and pulv. ipecac to be given in the course of the afternoon, we departed, I promising to return the following morning. On my visit next morning, I was delighted to find my little patient entirely convalescent. The calomel and ipecac had operated well, cough and hoarseness gone, and the little fellow cheerful with a fair appetite for food. His restoration to health was uninterrupted and perfect.

Query? Was not this child's life saved by venesection? Case 2.—Obstetrics, Arm Presentation.

After nightfall in the autumn of 1831, at the request of my preceptor, I visited a colored woman, slave of Miss Wilson, about seven miles in the country, in labor with her first child. Upon entering the cabin, I found a young, large, healthy looking colored woman upon a pallet on the floor in the throes of childbirth. She had been in labor since

the night before, and I learned from the old negro midwife, that the waters had escaped since early morning, and that something was wrong.

Making an examination, I discovered the left arm wholly protruded from the vulva, the shoulder pressed down under the public arch, and the head resting in a bent position in the plane of the right ilium, face to the back of the mother. With the index and middle fingers of my left hand introduced into the vagina, I endeavored, gently to push up the head both during the pains and in their intermission, but was not conscious of making the least change in the position of the head or the protruded arm. I recollected the earnest manner in which my professor of midwifery, impressed upon his classes the importance of patience and caution in arm presentations, and the happy issue in such cases sometimes when uninterfered with: and I was inclined to wait and gently to help the forces of uterine contraction in bringing about a spontaneous version or evolution of the fœtus, making a breech or foot presentation of it, but after waiting some time and finding the mistress becoming anxious and impatient, she being present all the time, I said to her that "inasmuch as I am young and without experience in such cases, I think it better I should return home, and send the old doctor down to take charge of the case, and in the mean time, to allow of no meddlesome interference." Whereupon I left, reaching my preceptor's residence about two hours before daylight. I reported the state of affairs to him, and why I had abandoned my patient, and said, "I think you had better visit her without delay." He replied, "very well," and I retired to my office bed tired and discomfitted.

To my surprise, the doctor did not go till after breakfast, and when he returned, I asked him how the case had terminated. He laughed and said "very well; that nature had effected a spontaneous version of the fœtus, and that it was born about break of day without trouble or interference, and safely to mother and child."

Thus, my supersensitiveness and extreme caution, cheated

me out of much *eclat*, that I should have gained thus early in my professional career, by simply waiting upon and trusting to the natural physiological forces of nature.

Such cases, fortunately, are not very common and the precise mechanism of spontaneous version, is not definitely settled; and even the possibility of such an occurrence, except when the fœtus is premature or dead and unnaturally small, is doubted by many of our ablest obstetrician. Tyler Smith, says, "it may be said, that when the fatus is mature, and the pelvis of ordinary size, death both to the mother and the fatus, is well night inevitable, in cases of arm presentation, when no assistance is given." Robert Lee, in his lectures on the theory and practice of midwifery, uses the following language: " There is now a premature acephalous fatus upon the table before you, the left arm and shoulder of which presented in labor a few days ago, and the body passed through the pelvis doubled, in the manner described; or spontaneous evolution took place. I have repeatedly witnessed the same occurrence where the fatus was premature, and flaccid from putrefaction; and on the 14th August, 1831, I saw a child at the full period expelled in this manner, in a woman who obstinately refused to allow the operation of turning to be performed. The right shoulder and arm presented in that case; and after labor had continued three days and nights, the child was at last forced through the pelvis doubled up, in a putrid state, the head being flattened, and the viscera of the abdomen, pressed through the parietes. It is only in a few rare cases, however, that delivery is completed in this manner."

Such is the teaching of all standard authors now, and was when I was a student of medicine more than fifty years ago, yet our Professor, who was a man of large obstetrical experience and practice, told his pupils not to rely too implicitly upon this teaching and urged upon them the propriety of not being too hasty to interfere in arm presentations. That his experience justified him in saying, that spontaneous version of a mature living fætus, was not only a possibility, but a verity; and that by gently pushing up

the head of the fœtus, he had witnessed the head to ascend the plane of the ileum during a pain, the arm to recede up the vagina following the head in its ascent, and the breech or feet to come down and engage as the presenting part, and the child thus delivered without difficulty.

I have witnessed during my experience, two other cases besides the one here narrated, that terminated in the same manner by the natural forces of uterine contraction, where mature living fœtuses were born, without injury to mother or child: while on several occasions, not being called in time, I have been obliged to amputate the arm, open the cavities of the thorax and abdomen and extract the viscera, in order to effect delivery and save the mother.

There can be no question however, that as a rule, in all transverse positions, the right procedure is to turn, and deliver by the feet, if the os is well dilated, or soft and easily dilated, so that the hand can be introduced into the uterus without offering too much violence to the mother. Robert Lee, says, "it is now a rule, established in all countries where midwifery is understood, that in cases of preternatural labor, where the shoulder and superior extremities of the child present, the operation of turning ought to be performed."

In many cases however, especially in the country and new settlements, physicians are frequently not called, until the opportune moment for safe turning has already passed, when it would be rude and dangerous to the mother to attemptit, and it would be well to bear in mind the great conservative powers of nature, in these alarming cases, a lesson so forcibly exemplified in this and the other cases in my experience. Still it is a question deserving the highest consideration, since chloroform has been installed into obstetrical practice, whether or not, under profound chloroform narcosis of the mother, the rigid contraction of the uterus, could not in all cases, be so far overcome, as to admit, of the safe introduction of the hand, and the correction of any mal presentation of the child, and delivery by

turning effected. An instructive communication, in the last March number of the "Atlanta Medical and Surgical Journal," by J. Mc F. Gaston, M. D., would seem to make this the possible, the proper and safe course in all such cases.

CASE 3.—OBSTETRICAL.

While attending my second course of medical lectures in Baltimore during the winter of 1831 and 1832. I was requested one night to attend a case of obstetrics by our colored janitor, who, by the way, among his color, was known as Doctor Cesar, and did some considerable practice with that class of people.

By request I took with me Dr. Tudor, a student in his third course of lectures in the same college with me. We found our patient in a good room, comfortable in its appointments and well warmed, the weather outside being intensely cold and the streets covered with snow. The patient was a stout, well made and hearty looking woman, about 30 years of age, and the mother of several children: her pains were violent and frequent, indicating speedy delivery. We examined per vaginam occasionally, presumably, to learn the progress of labor, expecting from the vigor, and persistent and bearing down character of the pains, that we should momentarily see ushered into the world a new born human being. But we waited in vain till near 11 o'clock, and could recognize no perceptible change or progress in the case, and no cessation in her violent throes. The parturient and her friends, began to grow anxious, and desired that we should do something to expedite the birth of the child. We were equally anxious as they, but really, we did not know what to do.

At this juncture Dr. Tudor and I retired to the banquette to hold our grave consultation. The scene is still fresh in my memory as we stood in the snow that cold night, utterly ignorant of what to do; and yet we were doctors, and had to do something, or acknowledge our ignorance, and retire ingloriously from the threshold of the field of our professional labors. We finally determined to administer ergot

to give effective force to her pains, and Dr. Tudor was detailed to go and get the drug, and I to remain by the patient. When he was gone I went into the room, made another digital examination, and observed that the os was small and hard and unvielding under the severest pains. I began to reason. Why should we give ergot? The pains are already, and have been for several hours, as strong and forcible as she can endure, or the tissues bear. The os is hard, rigid and unvielding. The ergot increasing the force of those pains if possible, may rudely drive the head through the os, sever its continuity, and ruin our patient and our reputation: What are the plain indications? Evidently something that will soften and relax the rigid os; relaxants are required. What is the best and most prompt in its action? Clearly blood-letting. I instantly called for a bandage and basin, ligatured the arm and opened a vein, bled freely and copiously. The os relaxed, the pains continued, and a fine large, healthy boy, was delivered into my hands in a few minutes after unbanding the arm and tieing up the vein.

When Dr. Tudor returned, I pointed him to the child, and complimented him upon our good fortune and our patient's safety.

This early lesson in my professional experience has been a beacon light of safety in my obstetric practice ever since.

Case 4.—Obstetrics, Extrusion of Bag of Waters Unruptured.

Early one morning in the autumn of 1840, I was summoned to visit the daughter of an old midwife (white), in the suburbs of the town of Mt. Carmel in the State of Illinois.

When I arrived, I was met at the door by the mother, with the expression upon her countenance of some terrible calamity, who exclaimed, clasping her hands together, "my God doctor, come in, my daughter's guts have come out." I approached the bed upon which the patient was lying. She was pale, I suppose from fright, as she had lost

no blood; her pulse was small and quick; she was rather below medium height, thin in flesh, and had suffered during the preceding summer with occasional spells of intermittent fever. She was between her eighth and ninth month of utero gestation, and was taken in labor the evening before my visit, with irregular and feeble pains during the night, increasing in force towards daylight, when suddenly there was an escape of something from the vulva, which her mother, the acting midwife, supposed were her intestines, and being very much alarmed, summoned my aid.

I proceeded to make an examination, and discovered, lying between her legs, extending half way down the thighs, an elongated, somewhat flattened and flaccid, membraneous bag half filled with fluid of some kind. That I was startled, may be well imagined, but I concealed my emotions, and grasping the sac in my left hand, I followed its neck up with my right hand, and traced its entrance through the os into the cavity of the uterus, where I plainly distinguished the head of the fœtus through the sides of the sac. Having fully satisfied myself, that the protruded membrane could be nothing else but the unruptured bag of waters, I called for a pair of scissors, and incised the membranes, from which the waters poured. I enlarged the opening in the membranes still farther, that the focus might readily pass through. In a few minutes, under the influence of a full dose of ergot which I had given, efficient pains came on, and the child was speedily delivered, and soon after the placenta followed. The child was small and feeble,. but it, with the mother did well.

I do not know if this is a solitary case, where the bag of waters has escaped from the vulva unruptured before the birth of the child, and all of the amniotic fluid emptied into the sac exterior to the vulva; but it is the only instance of the kind in my experience, and if such cases have occurred in the practice of others, I do not remember to have read of them, neither can I recall any author, mentioning

them. Hence, I confess I know nothing of the literature of such cases. And I have narrated this one on account of its rarity, and to draw out whatever information the medical profession may possess upon the subject.

CASE 5th.—COMPLICATED OBSTETRICS.

One winter's evening in 1840, I was summoned to visit the wife of Mr. R., living on the tongue of land, between the Wabash and White Rivers, in the State of Indiana. The weather was cloudy and threatening, and ere I reached the residence, it was dark, windy and sleety.

To my surprise I found a case of midwifery on hand, instead of ordinary sickness as I had supposed, the messenger, not having posted me as he should have done in regard to its character.

My patient was middle aged, and the mother of several children, but had not been pregnant until now, for eight or ten years past. She lived in a very malarious locality, and one subject to every form of malarial disease throughout the year, yet she had enjoyed reasonable good health during this pregnancy.

She had been in labor for several days, pains at times quite strong, and the waters had escaped some ten or twelve hours before my arrival, and she had not felt any fætal movements that she could be confident of for many hours. Examining the abdomen, I found it hard, and the uterus firmly contracted upon its contents; careful auscultation could detect no feetal heart-beat, nor percussion excite any feetal motion. Vaginal examination disclosed a head presentation, firmly pressed down and impacted in the pelvic bones. The os was dilated to full size. I endeavored to release the head from under the pubic arch by pushing it upward, between the feeble pains, but found it impossible to make the slightest impression. The pulse was quick and small, attended with much nervous irritability. Satisfied that the child was already dead, I believed instrumental delivery, by craniotomy was demanded. But, what was I to do? I had come unprepared for any such emergency, had neither forceps, perforator, crotchet orblunt hook: besides I was alone, and dreaded the responsibility, unassisted. I took the husband aside, and plainly told him his wife's condition and my total unpreparedness, from lack of instruments, to meet the demands of the case, besides my reluctance to officiate in such a serious case without suitable professional help, and requested him to send immediately for a physician with obstetrical instruments to give me the needed assistance. He replied, "the darkness of the night and the stormy weather, made it absolutely impossible, to cross either the Wabash river to reach Mt. Carmel in Illinois, or the White river, to reach Princeton in Indiana, and that I must do whatever I could for his wife's relief. My sense of obligation to act, was equal to my oppressive sense of responsibility, and I had to act. My reasoning was short. Here is a case of firmly impacted head, the waters long since escaped, and the uterus rigidly contracted upon the fœtus, and, it pretty certainly dead. The safety of the mother then, is the first and paramount consideration. The head must be reduced to save the soft parts of the mother. But how could I perform encephalotomy, without a perforator? And then what could I substitute for the blunt hook?

Fortunately. I had a clue in this latter extremity, in the experience of my personal friend and confrere Dr. D. R. Allison, since dead, which he once related to me, and looking around I discovered a water bucket, from which I removed the wire handle, which I carefully smoothed and doubled upon itself, and then bending the doubled end into a hook, it left the shank long enough to give me considerable traction power. I then took from my pocket case a pair of sharp pointed scissors, and placing my patient on the edge of the bed and giving her 20 grains of powdered ergot, I proceeded to the task before me. Oiling my hands and instruments, I introduced the index and middle fingers of my left hand up to the presenting part of the head, and with my right entered the scissors closed, with the pulp of the fingers covering their points, and carefully

pushing them forward between the fingers of the left hand, lodged their points into the scalp over the posterior fontanelle. I now thrust them in till the brain was well entered, and then rotated and opened the blades repeatedly, till the opening was sufficiently large to evacuate the brain substance. I now withdrew the scissors, and with my fingers entirely emptied the skull, carefully removing all the exposed bones. I then introduced my friend's improvised blunt hook, and fastening it in the base of the skull I was able to use pretty forcible traction; this I did intermittingly, to excite uterine contractions, and soon found the pains to increase, and the fœtus to descend, and in a few minutes the labor was happily terminated. The placenta was soon expelled, and under the influence of the ergot the uterus contracted promptly. In fine, my patient made a perfect and rapid recovery, without a single bad symptom, or set back of any kind. To say I was pleased and gratified at the happy result, but faintly expresses my feelings.

This was before the time of chloroform, and long antedates anti-septic midwifery, and the favorable result only demonstrates, what good success can be achieved, by care, caution and strict cleanliness, without these latter day valuable adjuncts.

A Case of Poisoning by Veratrum Viride.

By R. W. Walmsley, M. D., New York.

On the 28th February, about 11, P. M., I was called to attend a lady who had taken, by mistake, a teaspoonful of the officinal tincture of veratrum viride. When I arrived, about twenty minutes after the ingestion of the poison, I found the patient in bed restlessly tossing around, and sitting up at frequent intervals, as she experienced considerable dyspnæa. She could scarcely be persuaded to lie quiet, for she seemed to be overwhelmingly impressed with the fear of impending dissolution, and was in fact in a deplorably nervous condition. She complained also that at intervals everything grew dark around her.

I found her fingers and toes cold and together with her forehead covered by a cold, clammy sweat. The pulse was feeble, small, somewhat thready and rapid; beating one hundred and thirty times a minute. The pupils were dilated, though not widely so, and the whole countenance wore an exceedingly anxious expression.

An emetic of mustard and warm water was at once administered. For, though there had been a great deal of nausea there had been no vomiting. The patient was enjoined to keep perfectly flat on the bed and was not even permitted to sit up to vomit, her head being held over the side of the bed for that purpose. As soon as free emesis had occurred two tablespoonfuls of brandy were given and retained. A few moments after this, as the heart was still acting tumultuously, the dyspn@a increasing and the clamminess extending further up the limbs and beginning to invade the whole surface of the body, a quarter of a grain of the suphate of morphia was hypodermatically given. At the same time her limbs were briskly rubbed with coarse towels in order to restore warmth and circulation Ten minutes afterwards the character of the pulse was slightly improved, becoming stronger, fuller and less frequent. I had just taken my fingers from the wrist when the patient exclaimed: "I cannot breathe" and at once lost consciousness. There was no impulse perceptible in the radial, so I placed my ear over the heart, but I heard nothing. As there were one or two slight efforts at respiration, I injected some aqua ammonia into the median vein without any result.

Some ten days previously the lady had been under my treatment for a mild attack of acute bronchitis. She improved greatly so that attendance was discontinued. A few days afterward she caught a slight additional cold and called in an infinitesimalist, a part of whose treatment consisted in drop doses of veratrum viride every two hours. To none of the family did she seem very sick and the same diagnosis was made by the homœopathist as by me. Some six doses had been administered, according to his direc-

tions, during the day. He had left in the room a bottle containing about two fluid drachms of the officinal tincture that he had obtained from a neighboring drug store. This he did not have labelled nor did he acquaint any one in the house of its poisonous nature. Intending to give some valerian to the patient, from a similarly sized bottle, standing on the same table, the nurse administered the veratrum instead. This was swallowed undiluted after an entire abstinence from any food of several hours; so that the stomach must have been entirely empty. In fact, after the exhibition of the mustard and water, nothing but that was vomited.

After death had ensued, I took the bottle with the remainder of its contents, to the druggist from whom it had been obtained. He is a most reliable, accurate and intelligent man and he assured me that not more than a fluid drachm had been taken from it. So that, though the quantity of the drug that was taken is smaller, as far as I can ascertain, than in any recorded fatal case of veratrum viride piosoning, still the symptoms, as they were presented to me, were too characteristic to allow any room for doubt.

Charity Hospital Reports.

Three interesting cases observed and examined postmortem at the Charity Hospital of New Orleans:

CASE I. Carcinoma of prostate gland with secondary deposits in both kidneys.

George Allen, colored, aged 60 years, born in Virginia, a laborer by occupation, of sober habits, has never had any venereal troubles, was admitted in the Charity Hospipital, ward 2, service of Dr. Archinard, Mr. C. Lamann, resident student, on August 11th, 1884, complaining of inability to pass his urine. He had been thus affected for three weeks and during that time some practitioner in the country had regularly emptied his bladder. His general appearance was bad, he was very much emaciated and de-

bilitated, suffered with anorexia and had a well marked arcus senilis. On examination, the bladder was found distended nearly up to the umbilicus; he complained of pain and tenderness in the perineum and in the hypogastric and iliac regions; upon introducing the finger into the rectum the prostate was found enlarged and tender, the isthmus projecting strongly against the urethra. A No. 10, soft catheter, without the wire, was introduced and reached as far as the prostate without difficulty; there it was arrested but a little additional pressure drove it into the bladder; about one quart of putrid, highly offensive urine, was drawn out, the last two or three ounces of which consisted almost entirely of pure pus. This operation was repeated twice, daily, until August 18th, when he began passing his water without assistance. On several occasions his urine had been quite bloody. The chemical and microscopical examination of the urine revealed nothing of importance. He continued in the ward passing his water freely, but gradually getting weaker and weaker until August 25th, when he took to bed; he died on August 28th, having been conscious to the last.

Autopsy performed a few hours after death: The organs, with the exception of the genito-urinary, were in as good a condition as his age warranted. The prostate was very much enlarged, perhaps to twice or three times the normal; it was hard on section and showed the evidence of a growth resembling scirrhus cancer in character, this growth also involved the neck of the bladder, the isthmus of the gland pressed deeply upon the urethra. The bladder walls were very much hypertrophied and its mucous membrane in a state of inflammation; this inflammation extended some ways up the ureters. In both kidneys were numerous whitish deposits surrounded by a red ring of inflamed tissue. These deposits were cancerous, and were distributed widely in both cortical and medullary substance of the organs.

Case 2. Carcinoma of stomach, liver, pancreas and abdominal lymphatic glands.

Peter Fremont, white, aged 52 years, a sailor by occupation, of good habits, has had good health up to four or five months ago, when he began to be troubled with a dry cough and pain over the chest, abdomen and back, accompanied by very rapid emaciation. He was admitted in the Charity Hospital, service of Dr. Wilkinson, H. Chew, resident student, on July 1st, 1884, when the following notes were made of his condition: general appearance bad, marked anœmia and pallor, anorexia almost complete; the patient is very weak and is losing flesh rapidly: he complains of great pains in the chest, abdomen and back, and coughs constantly; he lies in bed with the thighs flexed and the knees drawn up to the breast to relax the abdominal muscles. On examination, the abdominal parietes are found very hyperæsthetic, the liver is enlarged, indurated and nodular, the pain in this region is lancinating. The bowels are constipated, and there is no vomiting. The case was diagnosed cancer of the liver and stomach. The patient was put on palliative treatment, with the effect of diminishing his sufferings and producing sleep. He lingered up to August 14th, 1884, when he died.

Post mortem performed fifteen hours after death. The chest organs were normal. The liver was very much enlarged, lobulated, containing numerous nodules of indurated white deposits, umbilicated and surrounded by a ring of inflamed tissue. These deposits were scattered over the whole organ but were particularly numerous on the convex surface, where they presented the appearance above described, two or three of them were almost of the size of the closed fist: they were evidently secondary carcinomatous deposits, probably encephaloid.

Stomach.—The mucous membrane was congested, but there was no ulceration. Around the pylorus, underneath the mucous surface, was a ring of induration also cancerous. The lymphatic glands in the neighborhood of these organs were enlarged and friable and contained also the same deposits. The pancreas as its duodenal extrem-

ity was also involved. The other organs though anæmic were normal.

CASE 3. Gunshot wound of the left internal jugular vein:

Richard Grammer, colored, aged 44 years, a laborer by occupation, was admitted in the Charity Hospital, ward I, service of Dr. Chassaignac, Mr. Bloom, resident student, on the night of September 1st, 1884, suffering with a gunshot wound on the left side of the neck, received one hour before. He is described as being drowsy with sensations blunted, this was attributed at first to morphine administered before admission, but it was afterwards ascertained that none of the drug had been given him. His pulse was 90, respiration 42 a minute, temperature 97°. The wound inflicted by a 32 calibre pistol ball was situated over the left sterno-mastoid muscle about 21/2 inches above the clavicle; it had perforated the muscle, ranged backward and downward and wounded the pleura and lung, as evidenced from emphysema of the lower part of the neck. There were no other physical signs. The external bleeding at the time of the wound had been very slight and had entirely ceased when he was seen at the hospital. The patient remained in the same condition all that night, a temporary dressing having been applied; next morning he complained of slight pain beneath the left scapula, and later in the day of excessive pain in respiration and on pressure over left side of the thorax; he was very excited and restless, temperature 102, pulse 120 respiration 54. At 9 P. M., he had a slight external hemorrhage and died at 9:15.

Autopsy performed 16 hours after death.

The direction of the wound was downward and backward, the ball had perforated the left internal jugular vein, entered the left pleura, wounded the apex of the lung, fractured the l. lamina of the second dorsal vertebra and became lodged in the muscles of the back. The left pleural cavity contained a large quantity of blood.

Remarks.—This case is remarkable from the little external hemorrhage following a wound of such a large vessel as the internal jugular, the blood finding its way into the pleural cavity; and also from the fact that the vein was the only important structure at the base of the neck wounded, the arteries and nerves having escaped injury.

P. E A.

The Treatment of Fever by Alkaline Saturation,

By Dr. L. L. Holcombe, Terrebonne Station, La.

For twenty-five years I have been a practitioner of medicine, and for this quarter of a century I have treated all forms of idiopathic and symtomatic fevers, with a success approaching the marvelous. I have treated with a uniformity of cure by my plan of treatment, every grade of malarial fever, causing as a regular thing the successive changes of continued into remittent, remittent into intermittent and intermittent into the ephemeral. In fact, in all instances where I had the opportunity of seeing a case of fever in its incipiency, I have hardly ever failed in converting it into a mild ephemeral type of disease. These statements may sound utopian and perhaps, smack of enthusiasm: but a long and quiet conviction centered in the solid experience of every day observation, has taught me to speak thus. And it requires but a few hours of trial for any practitioner who has few patients to convince himself of its truth. I know my ideas on this subject are not strictly original; there are few physicians who do not employ in their treatment of fevers alkalies of some one kind or another: yet, I must say like the song of the "bear and fiddle" in Hudibras, they "break off in the middle:" they go part of the way and stop. And they fail just on this account.

Every doctor of observation and experience must have noted the fall of the pyrexial pulse and the descent of temperature under the use of salines and alkalies. This is evidently due to a partial neutralization, and checking of the fermentation processes which are, in the fever state, constantly going on in the alimentary tube.

My plan of treatment is to neutralize heroically. I give the bicarbonate of sodium to saturation; I give it with a view to saturate the whole extent of the alimentary canal, thoroughly and completely, the business must be done.

To accomplish this I give a saturated solution of soda at shorter or longer intervals, till the urine, bile and all are alkaline. When this is accomplished fever must succumb; when fermentation is destroyed the remaining resiliancy of the organism will almost instantly reassert itself and throw off the temporary incubus which has depressed its powers. Of course there are conditions of debility in fevers that have had some considerable duration, which it will take some time to recover from, even when the system has been neutralized.

Here tonics, quinia and stimulants may be of service and absolutely required: here gelsemium may be used; yet I verily believe its powers are mostly due to its powerful and peculiarly alkaline nature. And here, let me say, I do not know of any medicine that has held a permanent place as an antiseptic which has not a decidedly alkaline nature.

Now, whatever chemistry may say to the contrary (and I believe it sustains me), I contend that no other plan of idiopathic fever treatment is rational and just but that which has in view the destruction of acid and septic fermentation in the stomach and bowels, and that this can only be done by the persistent administration of alkalies until the end is attained, without regard to quantity.

As to the choice of alkalies, I prefer always the bicarbonate of sodium as being the natural ingredient of the various juices of the organism. When purgation is necessary, and this is mostly the case in the commencing treatment, I prefer Rochelle salts; as a tonic in convalescence I use quina and capsicum. Now, let me urge upon every

physician to try my method for one week, if no more, by actual observation, in order that he may decide the justness or falsity of my plan of treatment.

But in connection with my manner of procedure in the treatment of fever a proper regulation of diet is a first principle. The strictest avoidance of all matters of a fermentable nature must be enjoined. Sugar, vinegar, acids, whether vegetable or mineral, fruits, much amylaceous matters, etc., etc., must be positively prohibited. A milk diet with toast and crackers, beef tea and a soft boiled egg, now and then, should constitute, as a rule, the bulk of the diet of a fevered patient, until the decrease has been thoroughly checked. When this has taken place, a more generous diet may be allowed; yet a strict eye should be kept to the principles above laid down. In fact, in convalescence the neutral system of medication is most necessary to avoid relapses.

I could cite many cases, in point to substantiate my views and opinions, but it is hardly necessary, when it is easy for every physician to give my plan of treatment a test, without any possible detriment to his patient. My favorite formula is as follows:

R	Sod. Bicarb
	Tr. Gelsemium
	Liq. Potassgttxxv.
	Aq. Menth p

- S. One large spoonful every two hours, in half glass of water; soda water would be best.
- N. B.—The phosphate of sodium should be used as common salt in the food, of whatever nature it may be; I use a little of this in the milk to give a pleasant salty taste. To the above treatment spirits. nitri. dulc. may be added and Dover's powder given at night. The *immediate* results of such treatment is conviction itself (plentiful dilution by by iced water should be allowed).

Society Proceedings.

Chicago Medical Society. Stated meeting, September 1, 1884. Dr. A. Steele, M. D., President.

The large attendance was noted, and the following scientific papers were read:

"REMARKS ON ANEURISMS."
By Dr. J. A. Robison.

A REPORT OF A CASE OF GENERAL CHRONIC BRONCHITIS
AND ASTHMA OF FIFTY YEARS DURATION.
By Dr. John Bartlett.

RECENT TREATMENT OF ASIATIC CHOLERA AS IN VOGUE BY EUROPEAN SURGEONS OF LATE YEARS IN SOUTHERN INDIA.

By Dr. H. M. Scudder.

"Remarks on Aneurisms" is the title of a paper read by Dr. J. A. Robison, of which we append the following principal portions, furnished by the secretary:

We will omit referring to the etiology, pathology, or diagnosis of aneurisms, and proceed to give the general principles governing the treatment, which have been to prohibit the patient from taking much exercise; to secure as nearly as possible, absolute rest, and to restrict the diet. When the heart was tumultuous, cardiac sedatives were exhibited. Such symptoms as dyspnæa, pain, etc., have been met with appropriate palliatives.

The first attempt at specific treatment for internal aneurisms was employed many years since by Albertini and Valsalva, and has been known as Valsalva's method. It consisted in weakening the patient by repeated blood-lettings, and by gradually diminishing his meat, and drink, till only half a pound of pudding was taken morning and evening, with only a measured quantity of water, so that at last, the patient was so exhausted he could not lift his hand from the

bed in which he was ordered to lie, from the commencement of the treatment. When this stage was reached, the amount of nutriment was increased, until the patient's strength was restored, but this plan of treatment, did not yield the beneficial results which were anticipated. In our day, it would be regarded as barbarous were we to try and enforce this treatment to the extreme which Valsalva reached. A modification of this method consisting of entorcing absolute rest and diminishing the food and drink, so as to diminish the quantity, but not the physiological quality of the blood, has benefited a number of cases, if not entirely cured them. While some physicians have refused to employ the depleting treatment, they have resorted to measures fully as severe. Dr. Murchison and Mr. Moore, of England, have recommended, and, in one case tried, the introduction of fine wire into the aneurismal sac, on the theory that the large amount of surface exposed to the circulating fluid, would produce coagulation of the fibrine In the case referred to, they introduced twenty-six yards of fine iron wire, into the aneurismal sac, and it is needless to say, that the treatment was unsuccessful. Although they contend that the result obtained, demonstrated the principle was sound, and that further experiments were justifiable. A much less dangerous, and probably more efficient mode of treatment is by electrolysis. Pravaz was the first to use electrolysis for reducing external aneurisms, and Cinicilli, and others, have applied it to internal aneurisms, but with very indifferent results, as in eight cases of thoracic aneurisms, only one was benefited. Only one case of abdominal aneurism was cured and this patient died from rupture of the sac, on account of premature exertion. The results from the use of Galvano-puncture have not justified us in expecting to hope for much from that method. Professor Langenbeck has published accounts of two cases which he claimed to cure by hypodermic injections of one-half to three grains of Bonjean's watery extract of ergot, every three days. Balfour says he has tried this method frequently but without any success, although he was positive

that his ergot was active. Pressure as a mode of treat ment is wholly impracticable or inapplicable to thoracic aneurisms, and rarely to abdominal aneurisms, Dr. Murray records a case of the latter in which pressure on the aorta for five hours, the patient being under chloroform, was successful. Treatment of internal aneurisms by the administration of the iodide of potassium, is conceded by Flint and Bramwell, and insisted on by Balfour, that the iodide of potassium is the only drug which offers any hope of cure, and in every case, it will relieve the distressing symptoms. This author says: "of all the various modes of treating internal aneurisms, there is not one hitherto mentioned which is not attended with considerable risk and danger except Mr. Tutwell's plan of perfect rest, while the advantages to be derived from some of them are to say the least very problematical." The writer claimed, the treatment by the iodide of potassium is perfectly safe and free from all risk, and it is equally certain to afford relief, although relief is not always to be got instantaneously. It relieves the pain and other symptoms of aneurisms more rapidly, and more effectually than any other treatment, apart even from the powerful agency of the recumbent posture. The relief to the pain and other symptoms is so great and so speedily obtained, usually from the action of the drug alone, that it is often difficult to get the patient to submit to any restrictions. The author of the paper has employed this method of treatment during the last eight years in a very considerable number of cases with unvarying success so far as the relief to symptoms is concerned, and with such favorable results as to retarding the further progress of the case, and even in some cases promoting an apparent cure, as certainly to stamp this treatment as one of the most efficient hitherto propounded for the relief of this intractable complaint. Balfour relates the history of twelve cases treated by this method with the following results: The symptoms, such as pain, dyspnœa, etc., were relieved in every case; the physical signs of aneurism were diminished in seven cases, pulsation of the tumor ceased in two cases, diminished in four,

and was not apparent from the commencement in six. The aneurismal tumor disappeared in three cases, and diminished in five; the bruit disappeared in two cases, and diminished in two cases, but never existed in two cases. Five of the patients were so relieved that they could work; four were discharged at their request, feeling well; one patient absconded and the result of the treatment in his case is not known. Five cases were termed cured, and seven were relieved. One of the twelve cases referred to was an aneurism of the innominate artery, which was cured, and Balfour claims to have cured several cases of aneurism of this artery. One of the four cases discharged at their own request, was under treatment three different times, being discharged twice at his own request, but died suddenly, while under the third course of treatment; the autopsy revealing an aneurism of the aorta, which had ruptured into the lower lobe of the right lung. One of the twelve cases was diagnosed as a weeping anuerism, implicating the origin of the left carotid, and communicating by a small opening with the left bronchus, the patient on admission expectorating arterial blood, but this soon ceased and the patient was discharged cured. While the writer did not believe he was justified in being as enthusiastic in the praise of the iodide of potassium treatment as Dr. Balfour, he believed he was justified in relating the following case, and give the iodide of potassium the credit of prolonging the patient's life, and making his days comparatively comfortable.

John H. C., aged 40, a blacksmith, was first seen March, 1883. Had had attacks of inflammatory rheumatism several years ago. In February, 1883, he was attacked with severe pains in the chest, in the præcordial region and was treated by his physician for rheumatism, for several weeks. Dr. J. P. Ross, saw him and diagnosed, aneurism of the aorta. At this time the patient had a good deal of dyspnæa, some hoarseness of the voice, and quite a little difficulty in swallowing solid food. When fatigued, the pains in his chest were excruciating. No tumor was

perceptible, although there was pulsation in the upper external region, and dullness, upon percussion, over the area of pulsation. Two months afterward there was a swelling, in the upper sternal region at the junction of the left, first and second ribs, about the size of a silver dollar. A very slight bruit was heard. The voice was very husky, and the difficulty of deglutition had increased until now the patient could take no solid food whatever. He had emaciated and was losing strength very rapidly. He was ordered to lie in bed continuously, and was given fifteen grains of iodide of potassium, three times daily, gradually increasing the dose, until signs of iodism appeared. It was truly remarkable how soon after this plan of treatment was inaugurated the patient expressed himself free from pain and the distressing symptoms, from which he had suffered. He persevered this way until May, when he said he was so well, and so weary of the bed he would like to sit up. Leave was granted. A few weeks after, the writer was surprised to see him walk into his office. The patient complained of nothing but he was cautioned against such rash experiments and told to return home, and take better care of himself. His condition at this date was as follows: The continued pulsation of the tumor against the chest wall had produced absorption of a large portion of the manubrium, and an inch of the inner portion of the left, first and second ribs. Consequently, we could feel the pulsations of the tumor through the chest wall, at a point where only soft tissues intervened. No bruit was discernible. On laryngoscopic examination there was found complete paralysis of the left vocal chord. His voice was anserinous. During all these months he had been taking the iodide of potassium without any disturbing effects, until now, when he complained of symptoms of iodism. He was permitted to discontinue its use. From the date of this office visit the patient grew rapidly worse. He rapidly emaciated, dyspnæa and dysphagia increased, and finally he died of asthenia, July 19th, 1884.

Autopsy.—On opening the thorax, a large aneurismal tumor was seen behind the sternum, about five inches in diameter. Friable adhesions of the sac to the sternum were broken up when the sternum was removed. Absorption of a large portion of the sternum, and the left, first and second ribs, had taken place. Heart and pericardium were normal. Adhesions between the anuerismal sac and the left lung. The left lung was pressed upward and backward, into the left pleural cavity and collapsed. On opening the heart found the aortic valves roughened. Extending the incision into the arch of the aorta it was found dilated, and at the anterior of the arch between the origin of the innominate and the left carotid arteries, an opening, oval in form, one inch by one inch and a half, into the sac of the anuerism. Through this opening the walls of the aorta were continuous, forming the wall of the anuerism. The tumor was firm, being composed of coagulated fibrine, and was then exhibited by the reader who replied to numerous informal queries that were propounded, appropos to the subject.

Dr. John Bartlett cited briefly the history of a case of "general chronic bronchitis and asthma" occurring in a man 70 years of age, who was supposed to be suffering from consumption for fifty years. Eight years ago when the patient came under his observation he ordered him to take 8 grains of the iodide of potassium three times a day. He has not omitted a day to take the medicine since, and he has steadily improved; his kidneys have performed their functions normally, his appetite has not been impaired and he has grown fatter and stronger. The case is an illustration how long a patient may take the iodide of potassium continuously without injury to the mucous membrane of the stomach or injury to the kidneys.

This was followed by a paper entitled "The Recent Treatment of Asiatic Cholera as in vogue by European surgeons of late years in Southern India," which was read by Dr H. M. Scudder. An abstract which is published as under, will be read with much interest at this time, inas-

much as the writer favors a particular method of treatment in this disease. It has been his lot during nine years practice in India to pass through four epidemics of cholera and have the disease. He was the only European physician in a town of nearly 50,000 inhabitants, and was at the head of a district hospital supported by the English Government and was called upon to treat a large number of cases. One of the severest of these epidemics occurred during the famine of 1877, 1878. The writer was at that time assigned to take medical charge of a large enclosed famine relief camp, containing over 5000 persons, and where often as many as 300 at a time were ill with the disease in the hospital sheds, with a death roll during the height of the epidemic of over 50 per diem. In this camp he had the opportunity of trying on an extensive scale different remedies and the various modes of treatment and comparing the results. We will not take space by enumeration of the long list of remedies that have been made use of in the treatment of cholera, or by the discussion of the value of the numerous and various forms of treatment that have been advocated, but confine this synopsis substantially to giving a description of the mode of treatment that is now employed near Madras and Calcutta. Before passing on to the subject proper, a word may be added in reference to the writer's views upon the contagiousness of the disease. Said he, cholera is an infectious disease and also somewhat contagious, though not highly contagious or readily communicable by personal association with the sick as is the case with small-pox and measles. The noxious power of the cholera germ or virus (whether it is Dr. Koch's microbe or something else) seems to be more powerfully exerted sometime after it has escaped from the body of the patient, than when it is freshly passed.

From careful observation, study and experience in four epidemics, he has deduced the following: That the attendants and those who come into frequent and close contact with cholera patients are somewhat more apt to contract the disease than those who do not.

For purposes of treatment the writer divided the course of this disease into the following stages:

- 1. A period of prodromes, or prodromic stage.
- 2. A first stage, or stage of diarrhœa or cholerine.
- 3. A second stage, or stage of invasion.
- 4. A third stage, or stage of collapse (algid state).
- 5. A fourth stage, or stage of reaction.

This last stage may be succeeded by a typhoid condition, or cholera typhoid state, or the patient may pass directly into a state of convalescence. In the prodromic stage, manifested by lassitude, mental depression, chilliness, nausea and abdominal discomfort, give 10 or 15 drop doses of spirits of camphor, in dessert spoonfuls of hot brandy every hour or two; but be careful not to allow any considerable quantity of stimulants to be taken. When epidemic cholera is prevalent, many are effected by the symptoms just described. If the remedies indicated were promptly taken, the writer is confident that many attacks of cholera would be warded off. It is true that fear often produces these very symptoms, but the spirits of camphor in spoonfuls of warm brandy, tends to soothe the fears and dissipate the symptoms, and it does not usually disorder the digestion. As soon as diarrhoa supervenes, begin the administration of some preparation of opium, together with aromatics, camphor, and a little chloroform is urgently called for. * * *

Two parts of chlorodine to one of spirits of camphor, is a very good combination; 30 drops for a dose to be repeated as required. Another very serviceable preparation consists of equal parts of spirits of chloroform, spirits of camphor, laudanum, aromatic tincture of rhubarb, and tincture of ginger. Teaspoonful doses every hour or two, according to the urgency of the case, or until four or five doses have been taken. Alternated with either of these combinations, an aromatic sulphuric acid mixture, may be given to advantage.

A popular formula is as follows:

- Tincture Opii Deodorat......3vi vel 3i
- M. Sig. 20 or 30 drops in water every hour or two.

The writer suggested the importance of administering these remedies hot, unless, they create nausea. The hot water (2 or 3 tablespoonfuls) in which the doses are given may be sweetened if desired. The patient should be required to lie down, and kept perfectly quiet, covered with heated blankets, and dry heat applied to the surface of the body, especially to the extremities by means of hot bottles, heated flat-irons, etc. In India, the administration of calomel to any extent has lately been discouraged, one or two doses may be given if thought best, but not more. As soon as frequent vomiting commences or the stage of invasion becomes established, the combinations containing opium which have been mentioned, had better be discontinued, and, either of the following mixtures given instead, in teaspoonful doses at intervals, after a spell of vomiting. While at the same time some morphine or morphine combined with chloral should be administered by hypodermic injection, as the severity of the case may demand. Either of the following formulæ may be chosen for exhibition internally, every half hour or hour, to check vomiting. R. Chloroform, tincture capsici, tincture cannab ind. aa mxxx, acid hydrocvanic (dil) mxx, ether mviii, spts. menthæ pip mxv, syrup sassafras comp. ad. 3ij. M. Sig. A small teaspoonful every half hour or hour. R. Spts. ammonia aromatic, spts. chloroform, aa 3i. (each one ounce), tincture of capsicum, compound tincture of cardamon, tincture ginger aa 3ss. (each half an ounce). M. S. give in same doses as above. A mixture of aromatic powder, gum arabic and acetate of lead, may also be given, alternately, with either of these, if desired. In any case mustard plasters should be applied over the stomach and abdomen, but not left on too long, and if required, enemas of 8 or 10 grains of acetate of lead may be given after each evacuation. The writer further stated, that it was important to bear in mind that some preparation of opium or morphine or morphine combined with chloral, is the chief remedy for cholera and the surest agent we can use, to arrest the progress of the disease. When called therefore to a case already in the state of invasion, morphine, or morphine and chloral, should be administered hypodermically, without delay, in order to get these sovereign remedies into the system as soon as possible. For if we can arrest the disease before the patient become collasped, his chances of recovery will be greatly increased. Caution must be exercised however, when this form of treatment is pursued, for narcotism is easily induced by repeated hypodermic injections, whereas very large doses of opiates can be given in this disease by mouth and rectum with comparative impunity. The strength of the solution usually employed for injection is, morphine gr. iiiss. vel gr. iv. with chloral hydrate 5 ii., vel. 5 iii. to the ounce of water, inject 20 or 30 minims. The hypodermic use of morphine and chloral is of course, contra-indicated when the stage of collapse has become developed. During this stage it is most essential that the patient should be kept perfectly quiet and in the horizontal position, no violent rubbings should be allowed, but the author has found it beneficial to gently rub the limbs and extremites with hot oil.

To allay the thirst, let the patient suck ice frequently, Carbolic acid water, or simple acidulated, effervescing drinks may also be given by the tablespoonful. It is unsafe to allow the patient to drink any fluid whatsoever in large quantities. In this stage especially, when the acts of vomiting and purging have become less frequent and the algid state well developed, very small quantities of stimulants are useful, but, they should be given with great caution, lest vomiting should be provoked. Stimulant enemas, may also be given, but where the stomach has an inverted action, it is often better to inject small quantities hypodermically.

Experience teaches us, that, anything like the free use of stimulants in cholera, is uncalled for and excedingly harmful.

* * * * * *

The reader had sometimes used small doses of both atropine and strychnia, administered by hypodermic injec-

tion and it has apparently been effectual, in bringing about reaction. Amyl nitrite by inhalation may be given a trial, but, it seems to exercise very little permanent or beneficial effect. Intravenous administration of milk and salines may be resorted to, but the reaction they induce is not generally of a permanent character. So that many of those, who, have given this method a fair trial have abandoned it. Of late years in Southern India, careful experiments have been carried out in reference to the value of impregnating the atmosphere of the sick room with sulphurous acid by burning sulphur.

The result has been, that this procedure has been introduced as part of the treatment of cholera. The writer has, on several occasions tried this plan, by subjecting the inmates of two different cholera sheds to exactly the same conditions, and treatment in every respect, with the exception, that in one, the atmosphere of the shed was impregnated with sulphurous acid, and, that in the other, this precaution was omitted, and he found that the proportion of recoveries was considerable greater in the sheds where sulphur was used. He therefore, considers this an important adjuvant as part of the treatment. The atmosphere should not be so highly impregnated as to cause the patient or attendants, to cough violently. Sulphurous acid thus applied is not only a useful remedy, but is also believed to decrease the liability of the disease being propagated or contracted by the attendants.

During the stage of reaction, great care should be exercised. Vomiting often continues and the normal absorbing power of the stomach and intestines is but slowly restored. Liquid nourishment by the spoonful should be most cautiously given, well salted broth and milk, given as hot as possible and not too frequently are the only forms of food admissible until the enfeebled stomach shows signs of recovering its tone.

Peptonized beet tea and milk are frequently well borne, if carefully prepared, so as not to nauseate the patient. If vomiting persists, the following emulsion may be given if

deemed best. R. Acid carbolic, gr. vii., bismuth subnitrate 3ii. mucil. acacia, aqua menthæ viridis, aa 3i M. S.

A teaspoonful every hour or two.

But in this stage it is good treatment to let nature do the work of restoration, and give as little medicine as possible. We must bear in mind, however, that the kidneys must be assisted to resume their functions and for this purpose, mild diurectics, such as potass nitrate, should be carefully administered. If fever supervenes it is apt to be of a typhoid character. A combination of iodine and carbolic acid, then, exerts a beneficial effect. A popular formula is as follows:

M.S. A tablespoonful every two or three hours.

To relieve restlessness and insomnia, potass bromide is often useful.

The paper was well received and generally discussed. The discussion was participated in by Dr. G. C. Paoli, Dr. J. H. Etheridge, Dr. G. Newkirk, Dr. R. E. Starkweather, Dr. R. H. Engert, Dr. John Bartlett, Dr. D. O'Shea and the author, on which for want of space we are obliged to omit further comment.

At a late hour a motion prevailed that the society do now adjourn.

LISTON H. MONTGOMERY, M.D.

Secretary.

At the meeting of the Chicago Medical Society held on the 15th of September, 1884, Dr. C. W. Earle read a brief history and presented the pathological specimen of a case of "congenital malformation of the stomach" occurring in a child that lived twelve days before it died, with no pyloric opening, nor was there any communication between the stomach and duodenum, although biliary matter was contained in the fœces.

The same gentleman also presented the history of a case of "bony tumor of the female pelvis" and exhibited the specimen which weighed 3½ pounds, it being a very rare form of tumor. The secretary Dr. Liston H. Montgomery, presented the following resolutions for adoption:

WHEREAS, From present reports and indications in foreign countries, cholera and yellow fever (both pestilential diseases) prevail, and as the latter, especially, is always assuming a threatening attitude towards us, and is not conducive to our national prosperity, nor to public health, and should, if possible, be averted with earnest and efficient sanitary measures, and

WHEREAS, Cholera may make its appearance on this continent ere another twelve months should elapse, and should likewise, if possible be averted or restricted to the narrowest limits, therefore,

Resolved, That it is the sense of the Chicago Medical Society to have that department of the government relating to public health recognize the services of the able sanitarians who constitute the National Board of Health, for the purpose of coöperating with municipal, State, and other organizations of a similar kind, and that a committee of seven (7) members of this Society be appointed by the Chair to draft suitable resolutions in behalf of said National Board.

Resolved, Furthermore, that this committee, present said resolutions to the Congress of the United States, memoralizing that body to make a sufficient appropriation for the purpose of said Board for scientific investigation in the prevention and restriction of epidemic, preventable and pestilential diseases.

We believe this action should be promptly taken at the coming session of our national legislature, and that a thorough sanitary organization of the nation should be recognized, and with it absolute enforcement of the best means for the protection of her citizens, and the improvement of our inter-state sanitary condition.

The resolutions were extensively discussed and unanimously adopted:

When a motion prevailed that a committee be authorized to present their resolutions to the Society for a final consideration before presentiment and memoralizing Congress, etc., etc.

The following is the committee:

Dr. O. C. DeWolf, Dr. R. E. Starkweather, Dr. L. A. Montgomery, Dr. John Bartlett, Dr. J. H. Etheridge, Dr. A. R. Jackson, Dr. J. H. Hollister.

ABSTRACTS, EXTRACTS AND ANNOTATIONS.

MEDICINE.

ABSTRACT OF AN ADDRESS ON THE NATURAL PRODUCTION OF MALARIA, AND THE MEANS OF MAKING MALARIOUS COUNTRIES MORE HEALTHY.

Delivered before the International Medical Congress, August, 1884.

By Professor Tomassi-Crudeli.

Dr. Tomassi-Crudeli asked the Congress, and especially the French members, to excuse his using the French language in his address. As he was not permitted, by the rules of the Congress, to use his own language, he had chosen that which he thought he would be most likely to make himself understood. He also desired to be excused in the use of the word malaria instead of a more strictly scientific term. He could not agree with those who put forth the theory that malaria was due to telluric influences, having their origin in the soil. This theory was altogether unfounded, as was apparent from many circumstances. Yet, on the other hand, the condition of the soil had a great influence on the growth and the spread of the epidemic, when this was once started. The theory that the origin of malaria was to be found in a ferment that was independent of the soil, was not exactly a new one. For a long time, however, the nature of this ferment was totally unknown, and there had been put forward several theories about this question. Some were of opinion that the disease originated from a living contagium that required specific conditions to develop itself. Others had been looking for this

ferment in different kinds of aquatic plants, and several species of algae had been mentioned as the bearers of the disease. According to his (Dr. Tomassi-Crudeli's) idea, the disease was due to a living ferment, represented by parasitic organisms, the qualities of which he described. This ferment required certain conditions to develop itself, and chiefly—1, a temperature of not less than 20 Celsius; 2, soil which possessed conditions favorable for the reception of this ferment; and 3, the action of the oxygen of the atmosphere on the soil. As regarded the temperature, it was easy to understand how the state of health in malariastricken countries was improved during the winter season, and how an epidemic could be brought about in a very short time if the temperature were suddenly to rise to a higher number of degrees. A cooling of the atmosphere, of course, could not be effected by artificial means; but the conditions of the soil could be improved by going the right way to work. As means to effect this end, he instanced the draining of the soil with pipes or canalization; a combined method, consisting in draining the undersoil and carrying off the water, to prevent its stagnating in the upper stratum of the ground. Already, in the last century, Lancisi had put forward the theory that the occurrence of malaria might be prevented by means of plantation, and this theory was carried into practical effect. He (Dr. Tomassi-Crudeli) criticized the different methods of plantation that had from time to time been advocated, especially that of planting the affected districts with the eucalyptustree. In these, he declared, he had no faith; and he cited several instances from his experience in the Roman Campagna where these trees had been used, and where they had for a long period given complete satisfaction, until suddenly, in 1882, a severe attack of malaria occurred; whilst the other regions, where malaria used to manifest itself, were free from the disease. Speaking generally, it could be said that all the methods that had been employed to improve the condition of the soil had brought only a temporary, and not an absolute, bettering of that condition. Yet, this precaution ought not, he thought, to be omitted. The problem was to make the soil sterile in regard to the malaria-ferment, without at the same time depriving it of its capacity to bear useful products. A thorough cultivation of the soil from all points of view was to be highly recommended. As one of the most important measures to be taken in the struggle against malaria, he laid stress on

the adoption of the principle of strengthening the human organism as much as possible, so as to supply it with an increased power of resistance to the action of the ferment. Several agents had been used with this end in view; as, for instance, quinine and different kinds of preparations from the eucalyptus; but none had given full satisfaction. He had himself used arsenic as a preventive; and, as it had turned out quite a success, he had greatly extended his use of it. He had first used arsenic in the year 1882, and had last year and this year improved upon the method. The treatment of arsenic ought to be commenced before the season for the affection had begun; and it was necessary to keep up the medicine, and give it in increased doses. In Bovin, near Naples, he had experimented in this way with sixtyseven persons, and the experiment was attended with quite satisfactory results. It was, of course, necessary to use a great deal of precaution in employing arsenic, so as not to make patients arsenic-eaters. At the same time, the observations in regard to this agent were far from being fully ventilated. One of the main difficulties experienced was to make people take to the arsenic.

In conclusion, Professor Tomassi-Crudeli laid stress upon the favorable influence of airy and elevated sleeping-places, asking the Congress to bear in mind how, in ancient Greece, the people used to sleep on the roofs of the houses; how, in the malarial districts of Italy, the inhabitants were wont to select sleeping places on the top of the old sepulchral monuments; and how the engineers working on the Panama Canal had their hammocks hung up between tall bamboo masts. Malaria, he said, was, in those parts of the world where it was a common malady, so trying to the people that it would, indeed, be a very great achievement and an estimable blessing if means could be found that would give entire satisfaction, and that would certainly prevent or overcome this dreadful disease.—British Mcdical Fournal.

REMARKS ON THE PROPHYLACTIC POWER OF ARSENIC IN MALARIA.

BY EDWARD DRUMMOND, M. D., Rome.

As to the prophylactic power of arsenic in enabling persons exposed to the infection of scarlatina, diptheria, etc., to resist such poisons, I am unable to speak from experience; but that it has such power against malaria seems to

be established on more than merely prima facic evidence. Such an experiment is open to so many sources of fallacy, that only repeated observations made under the strictest sateguards can settle the question.

In a suggestive report made by Dr. Tommasi-Crudeli to the Italian Minister of Agriculture, in March, 1883, some very important facts were adduced. The trial of arsenic in this way was proposed by him in a communication to the Accademia dei Lincei, December, 1880, and was carried out by the Medical staff in charge of the Roman and South Italian railways, amongst the men employed, who are largely exposed to the infection of malaria. In 1881, Dr. Ricchi, chief of the staff, instituted such experiments, but the year was one of feeble malarial activity. In 1882, the malaria was much more active, and Dr Ricchi caused arsenic to be administered to 455 person, so exposed, commencing with one milligramme, gradually increased to eight milligrammes for each person daily. Of these 455, 338 were cured of fevers which they had or prevented from contracting such. In 43 cases, the results were negative; in in 74, doubtful. Amongst the negative cases were included those who did not take the remedy regularly, or only for a few days. The doubtful class alternated the arsenic with other supposed prophylactics. Dr. Ricchi, therefore, continues his observations, and is convinced that "if arsenic is not always preservative against the malarious infection, it renders the human organism less and less susceptible to the ferment of malaria." Like conclusions followed from the use of arsenic amongst persons employed by Messrs. Piecentini, in the Roman Campagna; by Prince Corsini, in the Tuscan Maremma, amongst the men employed in the Royal Chases at Castelparciano. The results are borne out by experiments on animals, made by Marchiafava and Cuboni, who inoculated these with the blood of malarious fever.

Further researches were instituted, under the most careful safeguards against error, by preparing animals for inoculation with malarious blood; one-half being treated with arsenic, and the other half without. Owing, however, to the remarkable paucity of cases of pernicious fever, Professor Marchiafava, Drs. Celli, Ferrari, and others, have not since been able to obtain the necessary supply of the blood of pernicious fever, and the experiments have not hitherto been able to be carried out in their integrity.—

British Medical Journal.

DISCUSSION ON TUBERCULOSIS,

International Medical Congress, Copenhagen.

The honor of introducing this subject was entrusted to Prof. Ewald, the accomplished editor of the *Berliner*

klinische Wochenschrift.

Prof. Ewald took as his title The Etiology, Diagnosis, Prognosis, and Treatment of Tuberculosis in Reference to Recent Researches in Pathological Anatomy and Experimental Pathology, and in his paper which was really too long for such an occasion, he covered the whole vast field thus announced. He commenced with the statement that the bacillus, which should only be called after its discoverer, the bacillus Kochii, was the sole cause of tuberculosis, and whoever would now deny this fact would place himself out of the limits of discussion. Scrofula, lupus, perlsucht, were only other forms of the same disease and though clinically distinct had the same pathogeny. The question of predisposition and heredity was also exhaustively treated, but nothing was expounded different from excepted views. It was not true that the number of bacilli in the sputum afforded always a fair prognosis of tuberculosis, as the number present may be a matter of accident. In prophylaxis stress was laid upon the destruction of the products of the disease as well as upon the rejection of the milk and flesh affected with the perlsucht. There was nothing new in the way of treatment, as, indeed, there could not be without the speedy knowledge of it throughout the world.

After Ewald, came Prof. Jaccoud, of Paris, with a paper on the *Treatment of Tuberculosis*. It was quite a treat to hear Jaccoud. His articulation is clear and distinct, his voice penetrating, and finely modulated, his manner animated, it would be more fair to say vivacious. Jaccoud made what the country students with us would call a ringing speech, and I doubt if the halls of the sleepy old University (I mean no detraction to the splendid scholars of this land) ever before resounded to the echoes of such eloquence. I have myself heard the best speakers in all lands, but I have never listened to such a declamation as this before, *cx cathedra medicale*. His peroration received an ovation of applause. It was curious to observe the excitement to which this staid, I had almost said phlegmatic, assembly was stirred under the stimulus of such

an earnest appeal.

But in glancing over the hall it was easy to see that the interest on the part of some of the members was rather

psychological than real, evincing a surprise rather than a pleasure at witnessing such a phenomenon in a hall of science. For the whole tenor of the speech was to the effect that while the discovery of the bacillus was a brilliant accomplishment, it had contributed nothing to the cure of the disease. The speech closed with a glowing tribute to the genius of Pasteur who was present at the time, and indicated that the studies pursued in the direction which he had pointed out would yield most practical results.

The discussion upon this subject was postponed until all

the papers upon it had been read.

Dr. Grancher, of Paris, now took the stand to read his paper on the *Diagnosis of Pulmonary Tuberculosis in*

the early stage.

Grancher has, in several cases, followed the evolution of the physical signs from the very beginning of the disease to the period of softening. Commencing with an alteration in the softness of the inspiratory murmur, and with a lowering of its tone, it is followed, even after a long stationary period, by prolonged expiration, and then, later, by bronchophony, diminished resonance, and expectoration. This process may last for three or four years or more. The progressive decrease in strength, emaciation, the cough, sputa, and other symptoms run a parallel course with the

physical signs.

At what time can the diagnosis be made? Should we wait until percussion and palpation give positive results? Or can we, under certain circumstances, diagnosticate the presence of tubercles by the single alterations in the respiratory murmur? If the certainty of the diagnosis increases proportionally with the physical signs, the gravity of the disease also increases: for the slight dullness and bronchophony correspond to the accumulation of tubercles, or, in other words, to the age of the softening. Every variety of anomalous respiration (the interrupted, feeble, rude) may be indicative of commencing tuberculization. But in Grancher's opinion, rude respiration with lowered tone of the inspiratory murmur is the earliest and best of the physical signs at the commencement of pulmonary tuberculosis. This respiratory anomaly is, in his opinion, sufficient, when it is clear, localized at the apex of the lung, and when the terrain is suspicious (rebellious chloro-anamia, scrofula, heredity, etc.), to give a probable diagnosis.

This alteration of the subclavicular murmur is shown at the commencement of the disease, more often on the left side than on the right, which confirms the opinion of those who think that, as a rule, tuberculosis of slow development commences on the left side; and diminishes the value of this symptom for those who think that the normal vesicular murmur is stronger in the left subclavicular region than the right. Grancher does not believe that there is any constant physiological difference in this respect on the two sides, but a transient or slight influence, a fugitive congestion at the time of the menopause for example, may alter the murmur on one side or the other. One should not, then, hasten to make a diagnosis of tuberculosis on the first discovery of rude inspiration, but this sign should lead to suspicion when it persists, and when rational symptoms are found on suspected terrain. Under these circumstances a probable diagnosis should be made, and the physician should at once begin treatment.

Dr. Quinlan, of Dublin, followed next with a paper on the "Use of Mullein in the Treatment of Tuberculosis," for which he claims such wonderful results, as to have attracted to his hospital great crowds of patients. Dr. Quinlan passed around the house a gigantic specimen of the mullein over six feet in height, and distributed among the members several boxes of cigarettes made of its leaves. The principal points of his paper were as follows:

The Library of the Royal Irish Academy in Dublin contains a large number of manuscripts in the Celtic language, and treating upon medical subjects. Constant mention is made of the "cuineal mhuire," as a remedy in pulmonary diseases, and this plant has the most extraordinary reputation in the Celtic portions of the United Kingdom, and especially in Ireland, as a palliative and even curative remedy in cases of pulmonary consumption. In Ireland, although unrecognized by the medical profession, it has been for centuries given upon an immense scale in obedience to a steady demand on the part of phthisical sufferers: and during the last two years he undertook a scientific investigation as to its alleged powers, the highly satisfactory result of which he submitted to the Congress.

This plant is known to botanists as the Verbascum thapsus, and belongs to the natural order of Scrofulariaceæ. Its English name is the great Mullein: in France it is known as Molene, Bouillon Blanc, and in Germany as Kleinblumiges Woolkraut. The mode of using it is to place 3vij

of the dry leaves, or, much better, 5iij of the fresh, in a pint of new milk, to boil and allow to stand for ten minutes, then to filter and add a little sugar. This whole mixture is to be drunk morning and evening.

A large number of cases of pulmonary consumption have been treated in St. Vincent's Hospital, Dublin, exclusively upon mullein. These cases were all carefully tabulated and the patients weighed once a week, great care being taken to insure conformity of conditions in this respect. The results arrived at are as follows:

1. In the early and pretubercular cases of the disease Mullein is weight-increasing and curative to a much greater extent than koumiss or cod-liver oil.

2. In advanced cases it does not cure, but gives greater relief to phthisical cough and prevents or checks phthisical diarrhœa.

3. It has no effect upon the colliquative perspirations of phthisis.

4. In phthisical coughs and in spasmodic coughs generally great relief can be obtained by smoking mullein leaves in the same manner as tobacco.

This can be effected either in an ordinary pipe or by means of cigarettes. On the dried mullein leaf powder a very weak solution of potassium nitrate is sprinkled and flavored with oil of cascarilla. These cigarettes are rolled in paper in the ordinary way, and are very pleasant to smoke. Mullein has been tried in watery infusion, but is disagreeable. The same remark applies to the extract or succus.

It may be said that the weight-increasing effects were due to the milk; but experience shows that this was not so. It is greatly liked by the phthisical sufferers.

Dr. R. Singleton Smith, of Bristol, came next in order with a paper on "The Use of Idoform in the Treatment of Phthisis."

After a short review of the history of idoform as a drug for internal administration, the author gave an analysis of the results of treatment in forty-six cases arranged in tables to show variation in weight before and after the treatment: in twenty-nine out of the forty-six cases, there was an absolute gain in body-weight, amounting in one case to thirty-two pounds, and in another to thirty-three pounds. Other indications of improvement were fall of temperature, diminution of cough and expectoration, cessation of night-sweats, improved appetite. The

drug was given in doses varying from one to six grains five times daily, and was continued for several months. Toxic symptoms of a mild character had been observed in some of the cases. The paper concluded with a reference to the local use of iodoform in tuberculous disease of the larynx.

The afternoon was devoted to the discussion of the

papers read.

Remarks were made first by Dr. Guttmann, of Berlin, who made the very good point that they were as familiar in Berlin as in Paris with the fact that the discovery of the bacillus tuberculosis did not cure consumption, and that they were acquainted with another fact, to-wit: the reason why no remedy has been found to reach the disease, viz because the bacillus tuberculosis, as the result of a great many experiments, proved to be more resistant to destructive agents than the tissues in which it was found,

Dr. Pibbram, of Prague, paid a glowing tribute to Koch, and remarked that the discovery was as yet of too recent

date to furnish practical results. WP.

Dr. Crocq, of Brussels, followed in a very curious speech, discrediting all previous theories and facts, and declaring one of his own. The remarks were delivered in very voluble French, and as it is quite difficult to follow idiosyncrasies in a foreign tongue, I failed to make out exactly the author's views.

The remarks of the last speaker extended over so much time that the discussion was called to a close, with permission to Dr. Ewald to make a short response, which was delivered in very good French, and chiefly expressed the satisfaction of the speaker at the unanimity of opinion regarding the fact of the existence and the causative relation of the bacillus of Koch. He could not respond to Dr. Crocq, he said, as this gentleman was not in accord with any of the recent views. - Correspondence Medical News, September 6th.

THE CAUSES AND MECHANISM OF THE CARDIAC IMPULSE.

A report of the Scientific Grants Committee of the British Medical Association on the subject of Dr. James Barr, reviews the history of the theories advanced from time to time and concludes with the presentation of the author's conception of the matter.

We shall state the conclusions in the form of propositions:

- I. The stimulation of distention having overcome the inhibitory action of the vagus, the ventricles begin to contract and apply pressure to the contained blood, which being a nearly incompressible fluid gives rise to an equal counter-pressure. The organ undergoes a certain change in form and position, whereby it approaches the chest wall and thus initiates the impulse.
- 2. The anterior fibres being longer than the posterior and having a spiral direction from right to left, their contraction causes the apex to be carried somewhat forward and to be rotated from left to right. Thus, the first force is intensified by better approximation to the chest wall.
- 3. With the escape of blood through the semilunar valves, the ventricular cone diminishes in size, presses less forcibly against the chest wall and would cause the impulse to be materially weakened, were it not that another force comes immediately into play.
- 4. The aorta and pulmonary artery being somewhat spirally arranged, their sudden distention with blood causes them to straighten and elongate. This causes a downward movement of the organ as well as a rotation from left to right, which gives the impulse a secondary accession of strength.
- 5. As the blood escapes from the heart, the balance of pressure is destroyed at the outlets and there is a "recoil" of the heart in a direction contrary to the blood current. Thus, is the impulse again intensified. Although the balance of pressure is destroyed upon opening of the semilunar valves, it is not greatly disturbed until after distention of the great vessels. Hence, the "recoil" of the ventricles is not felt until towards the close of the systole.

The sudden change in form and position, owing chiefly to the general ventricular contraction and the counter-pressure of the contained blood, but materially aided by the rotation from left to right, due to the action of the spirally-running anterior fibres, initiates the impulse: it is intensified and prolonged by still further rotation from left to right and the downward movement of the heart, caused by rapid straightening of the vessels at the base from sudden distention; the ventricular "recoil" comes last into play, causing an accession of force, but serving chiefly to maintain the impulse.

THE TREATMENT OF CHOLERA IN THE MARINE HOSPITAL AT TOULON.

[Taken from a note of Dr. Cuneo, Chief Physician of the Marine to the Bulletin Generale de Therapeutique.]

In the hospital of Toulon three groups of cholera cases are recognized, each furnishing different indications for treatment. The first, consisting of light cases, choleraic discharges as it is called, is best controled by means of opium or some of its preparations, by enemata or by the mouth, given alone or in combination with ether and extract of rathania. Bismuth, with or without opiates, is also beneficial. When the discharges have ceased wine of columbo, with syrup of orange peel, restore the tone of the stomach. Vomiting is checked very often by means of a teaspoonful of chartreuse. When the spasms of the digestive tract are excessive tincture of castoreum, added to the ether and opiate, gives relief. The second group consists of more severe cases. The above mentioned remedies are all applicable; besides these, enemata of warm wine with a few drops of laudanum often succeed in checking the anal evacuations and act as a stimulant. Vomiting is treated with draughts of cold water charged with carbonic acid. Oxygenated water is of little benefit. The muscular cramps are best combatted by dry rubbing with flannel or by frictions with camphorated alcohol. The spasms of the diaphragm are relieved by injections of muriate of morphine and atropia at the epigastrium. Severe cramps in the limbs, and particularly in the calves, give way generally to hypodermic injections of ether at the contractured parta

The third group consists of the more serious cases; two forms are recognized. In the first, the algid or asphyxiated variety, the patients are often seen after all evacuations have ceased, they are cold and cyanosed: the object of treatment must be to stimulate and bring on reaction. Hypodermic injections of ether are of little avail, sometimes producing a state of anæsthesia passing into coma. Injections of morphine, as a rule, increase the existing asphyxia. Atropia in gr. injected at the pit of the stomach favors reaction. Stimulants of various kinds, such as tea-punch, acetate of ammonia, iced chartreuse, ether internally, are oftentimes highly beneficial. It is in those cases that inhalations of oxygen gas prove successful. In he second form, called typhoid or insidious, the evacuations are small, the cramps not severe, the skin is warm

and natural, the pulse, though small, can always be felt, we are tempted to make a favorable prognosis but are often disappointed; all the measures above mentioned fail; in the beginning good results were obtained from preparations of quinine and valerian, cold affusions and counter-irritants, but later on all available means have been useless.

ON THE TREATMENT OF SMALL-POX BY MEANS OF ETHER ΛND OPIUM.

In the Bulletin Generale de Therapeutique Dr. Tenneson gives the result of II cases of variola treated by means of subcutaneous injections of ether and the internal administration of opium. In all of his cases he succeeded in preventing inflammation of the skin and suppuration of the eruption, hence, no disfiguration followed. In the most favorable cases the eruption remained papular, in other cases small pustules formed, but soon became transformed into the chocolate colored crusts which became loose early. All of his experiments were performed on confluent cases. The mode of treatment is as follows: night and morning a hypodermic injection of pure officinal sulphuric ether 10 to 12 m. in the subcutaneous tissue, the needle before each operation being disinfected in a solution of carbolic acid and water. This in no case is followed by abscesses and eschars, if properly performed. Two pills daily of powdered opium each about gr. j. The treatment must not begin later than the third day of the disease.

CURABILITY AND TREATMENT OF LOCOMOTOR ATAXY.

Among 300 cases which Eulenberg has been able to follow, he has found only three cures. He believes, however, that the number might be increased were sufficient energy expended on the treatment. He holds that the curative action of silver is incontestable, but that it is often inert when given in the form of pill or powder. He recommends that it should be given subcutaneously, either as the albuminate, or as the hyposulphite.

after two or three hours they are generally removable by a cold compress. Hypodermic injections of strychnine in doses of 4 to 6 milligrammes have, in several cases, been followed by a remarkable diminution of the motor and sensory disorders. Local refrigeration by means of ice or cold compresses along the vertebral column has had beneficial results. The degree of cold has been determined by the individual sensibility of the patient. With the nitrate of silver, the continuous current, and local cooling, he has in numerous cases improved the patient's condition.—

Journal Am. Association, Sept. 20.

SURGERY.

DISCUSSION ON THE OPERATIVE TREATMENT OF MALIGNANT AFFECTIONS OF THE RECTUM.

At the International Congress.

Professor Esmarch (Kiel) read a paper, on this subject, in which he laid down the following propositions: I. In the treatment of cancer of the rectum, the same principles hold good as in the treatment of cancer of other parts of the body. 2. Extirpation should be as early and as complete as possible. 3. The more the surrounding healthy parts are removed with the diseased, the greater reason is there for hoping that recurrence will not take place at all or will be long delayed. 4. Experience teaches that early and thorough extirpation may be followed by permanent recovery (Dieffenbach, Schuh, Billroth, Rose, Nussbaum, Kocher, Czerny, Bardenhuer, Holmer, etc.). 5. As in cancer of the rectum, the lymphatic glands are secondarily affected at a comparatively late period, operation may be followed by permanent success when the disease has lasted some time and has become extensive. (Czerny observed recoveries which lasted above four years, although the cancer had been present three or four years). 6. The prognosis in regard to return of the disease is good in proportion to the slow development of the new growth, the delay in the appearance of the distressing symptoms, and the completeness of the operation. 7. The simple cylinder-celled cancers (destructive adenoma and adeno-carcinoma), which proceed from the more superficial layers of the mucous membrane, generally give a better prognosis than the forms with small alveoli and the gelatinous forms, which more rapidly enter the deep submucous The greater the disposition to gelatinous degeneration of the cancer, the more malignant, usually, is its course. 8. Extirpation of a cancerous nodule from the wall of the rectum is sufficient only when the nodule is well circumscribed and movable, and when only a part of the wall of the rectum or of the anus is implicated. 9. In all other cases, amputation of the rectum beyond the points of the growth is indicated. 10. The entire rectum, as far as the sigmoid flexure, may be removed with good result. 11. The principle dangers of the operation are a, hemorrhage; b, acute, purulent, and ichorous inflammation of the connective tissue (septic lymphangitis, retroperitonitis, and peritonitis). 12. These dangers are to be combated: a, by very careful hæmostasis during the operation; b, by very careful primary disinfection, and provision for the free escape of the secretions of the wound (by drainage and the avoidance of cavities). 13. In amputation of the rectum high up, opening of the peritoneal cavity is unavoidable; but peritonitis does not generally follow, if the opening be at once closed by suture under strict antiseptic precautions. Drainage of the peritoneal cavity is indicated only in exceptional cases (for instance, where considerable soiling of the peritoneum, during the operation, cannot be avoided). 14. The progress of operative skill has essentially diminished the dangers of the operation, the death-rate having fallen from 50 to 20 per cent., and even lower; and it is to be expected, with confidence, that this proportion will become even more favorable, as in ovariotomy, hysterotomy, etc. The functional disturbance following amputation of the rectum is slight in comparison with the distress caused by the cancer. Incontinence of faces is not complete, especially when the external sphincter has not been removed. Systematic cleanliness and the use of a suitable apparatus for closure, commonly relieve the difficulty. 16. Resection of a portion of the intestinal tube in its whole circumference, followed by suture of the two ends of the intestine, is not to be recommended, since the lower portion of intestine generally sloughs. It is better to remove the mucous membrane of the lower end, preserving the external sphincter muscle, and to fasten the upper end of the amputated rectum by a few sutures to the lower edge of the wound. 17. Extirpation of cancer of the rectum is, in all cases, rendered easier by dividing the posterior wall of the gut as far as the coccyx. Removal of the coccyx is generally

unnecessary.

Professor Verneuil (Paris) had done his first colotomy thirty years ago, and his first extirpation fifteen years ago. He at once found that removal of the disease was impossible. The patients objected or refused in many cases to allow the performance of colotomy. He then tound that division of the cancerous stricture removed all complications, and gave all the other advantages of colotomy. The whole length of the stricture must be split. The incision was made from the tip of the coccyx, by a thermal cautery plunged in to meet the tip of the finger hooked above the stricture. Through this channel, by a cannula if necessary, an écraseur-chain was passed, and the rest of the division was completed. No blood was ever lost, and the symptoms at once ceased. No deaths followed.

Prof. Trélat (Paris) denied the advantage claimed for the rectal extirpation, and pointed out the rapidity and malignity of recurrence. He quoted one case which, he said, was the type of many, where the removal of the cancer early, and when extremely small, was followed by a speedy and malignant recurrence. In one case he found, though the operation was normal and extraperitoneal, that he had the small intestine in the artificial anus, and the patient died. He laid stress upon the color of the intestine as the only point of recognition that did not deceive, being white

or grayish white.

ON THE TREATMENT OF CERTAIN CASES OF PROSTATIC OBSTRUCTION BY SECTION OF THE GLAND.

Mr. Reginald Harrison (Liverpool) read a paper on this subject. He commenced by observing that his remarks would be limited to those cases of enlarged prostate where the symptoms connected with obstructed micturition were not sufficiently relieved by catheterism. There were cases of this kind, where the frequency with which the catheterism had to be practiced, or the difficulty which attended its performance, rendered life distressing. Under these circumstances, recourse had been had by surgeons to suprapubic, puncture from the perinaeum, and from the rectum, with the retention of a tube in the bladder from these several positions; these expedients, however, did not directly deal with the cause of the obstruction. In one case (British Medical Journal, December 24th, 1881, April 8th, 1882), where the author punctured the bladder

from the perinæum through the large prostate, and retained a cannula in this position, by which for over two months all the urine was passed, atrophy of the prostate and recovery followed. This patient, though 86 years of age, still remained perfectly well, two and a half years having elapsed since the operation. Reference was made to the opinions and practice of Guthrie and Mercier as to the propriety of making a section of the prostate gland, with the view of permanently improving the condition of the outlet from the bladder. The following method of operating was described: A guide having been passed into the bladder, the patient being in the lithotomy-position, the membranous urethra was opened by a central incision through the perinæum, and the index-finger inserted as far as possible into the prostatic urethra. Exploration having determined the position of a prostate bar, its division was effected partly by a median incision with a straight probe-pointed knife, and partly by divulsion with the finger until all feeling of resistance was removed. A lithotomytube, with an arrangement for drainage, was then introduced through the perineal wound and retained, the object of the latter treatment being to render the section through the prostate permanent. Great stress was laid on the after-treatment of these cases; in some instances, the bladder-tube had been retained as long as six and eight weeks. On the removal of the drainage-tube, a full-sized bougie was introduced daily until the perineal wound had closed. Cases were referred to where permanent improvement followed the operation; in some, complete atony of the bladder had previously existed for considerable periods. The objects aimed at by this operation and the after-treatment were stated to be: I. To obtain a precise knowledge of the impediment to micturition caused by a prostatic bar, by means of digital exploration. (Opportunity was here taken of recognizing the value of Sir Henry Thompson's views in reference to digital exploration of the bladder.) 2. The division and removal of any barrier formed by the prostate which was found seriously to obstruct micturition. 3. To provide for the permanency of the section or cleft so formed in the floor of the prostatic urethra; (a) by the use of a suitable drainage-tube; (b) by the subsequent employment of bougies. In some of the cases observed, the latter could only be regarded as a precautionary measure.

Professor Volkmann (Halle) said that drainage through

the perinæum without incision of the prostate was sufficient, and the prostate afterwards shrank.

TORSION OF LARGE ARTERIES.

Dr. Oscar Wanscher (Copenhagen) read a communication on the torsion of large arteries near their bifurcation. He had, he said, had no cases of his own, but he had experimented on the common iliac artery of the dog in six cases, and on the common carotid of the horse in nine. If peripheral torsion were made (as of the common iliac near its origin from the aorta), the retraction of the inner coat, even though limited, was sufficient to prevent hæmorrhage. In torsion of an artery nearer the centre of enucleation, as of the common carotid near its bifurcation, the chances were not so good; but, if a short time were allowed to elapse between the interception of the flow of blood and the act of torsion, so as to permit the establishment of the collateral circulation, the retracted portion would be carried some distance by the blood-current. Retraction should be extensive in an artery of the size of the common carotid of the horse Torsion alone could hardly be considered sufficient in the vicinity of large collateral branches; but, in such cases, retraction deserved to be regarded as an excellent aid. Retraction of the membranes might take place without compromising the inner vitality of the artery or causing extensive coagulation; provided that proper instruments were used, especially one to compress the artery, and push back the inner membranes.

THE ETIOLOGY AND PATHOLOGY OF LEPRA.

Dr. A. Hansen (Copenhagen) made a communication on this subject, and exhibited patients to show the difference between the tubercular and the macular form of the affection. The former, he said, was almost always fatal in nine or ten years, whilst the latter was often cured. The anæsthesia and atrophy which followed were effects not of the leprosy, but of the healing process, and necrosis of the affected parts was always secondary to injury. The paralyses too, were local; there were never any traces of spinal lesions to be found clinically or microscopically. He insisted that lepra was not hereditary, but was a specific contagious disease. The recurring crops of nodules, showed its anti-inoculability; and, since the growths tended

to heal, it must be specific. There was, moreover, no anatomical correlation between the parts affected, as in the transmission by metastasis of neoplasms. The cause of the disease had long been obscure. Years ago, he had noticed peculiar brown cells, which were always present in microscopic sections of lepra. In 1871, he had described minute moving rods in the contents of a breaking down tubercle; and, immediately after Koch's discovery, he found the bacillus lepræ by applying the same methods. He had never found them in anæsthetic patches, but Ahning had found them in anæsthetic nerves. He (Dr. Hansen) and Professor Neisser had both cultivated them. Inoculations by him on rabbits and cats, and by Köhner and himself on fish, had been unsuccessful; but Neisser had produced a new growth by inoculating a dog. No animal, however, had as yet been made leprous. He did not believe in the heridity of a contagious disease. A disease, as, for example, small-pox, might be congenital without being hereditary. Heredity, and the transmission of such a disease as syphilis, were entirely different matters. The latter might develop late, was incapable of atavism, etc. Relationship with leprous people was by no means always present. The inhabitants of a valley became in time all more or less related, and the members of one family naturally came into closer contact with each other than with outsiders. Hence the apparent frequency of the spread amongst relations. Isolation was necessary; for, although the disease was spontaneously curable, they could not cure it; and the practice of isolating the cases in Norway had been effective in reducing the number of lepers in twenty years by nearly one-half.

A CASE OF RUPTURED BLADDER AND FRACTURED PELVIS WHERE MEDIAN CYSTOTONY WAS PERFORMED.

Reginald Harrison, in the Lancet: A working man, while carrying a heavy stone, tell from a wagon over six feet high; crepitation was found in the neighborhood of the pelvis. He had not passed his urine for three hours. By means of a catheter, about eight ounces of clear red, uncoagulated blood were withdrawn. Rupture of the bladder was evident, but whether intra or extra-peritoneal, it was impossible to say. To decide the latter point, H. opened the bladder in the median line of the perineum, passed in his finger, and could perceive not only the

fracture of the pubic bone, but also the rupture of the wall of the bladder, which, from above downwards, was closed against the peritoneum. A thick drainage-tube was laid in the perineal wound, and through it all the urine was removed. Notwithstanding, the patient died in thirty-six hours. Upon opening the abdomen, no peritoneal exudation was found, but there was intense congestion of the abdominal portion corresponding to the rupture of the bladder. The patient had a short time before suffered from scarlet fever, so that it was concluded that the shock in combination with the renal lesions caused death.

Harrison claims that it is better, when it is doubtful whether the rupture be intra or extra-peritoneal to open the bladder through the perineum in order to make an examination with the finger. While such an operation would under all circumstances be beneficial for subsequent drainage, it is necessary to determine whether it would be better to open the urethra alone, or to cut through the prostate in the median line, or to make the lateral lithotomy-cut. II. is in favor of the lateral cut, since it is certain to touch the trigone, and thus insures evacuation of the bladder: all other incisions do no touch this part, and bring about stagnation of the urine.

If the bladder open into the peritoneum, the abdomen must be laid open in order to remove the enormous coagula; after their removal, the parts must be thoroughly cleansed and the bladder sewn up.—(Deutsche Medizinal-

Zeitung.)

PAPILLOMA OF THE MALE BLADDER; REMOVAL THROUGH A PERINEAL INCISION.

II. Morris, in the Lancet. A laboring-man, 47 years of age. One year after, he commenced again to complain of troubles in the bladder. Pain, incontinence and thick purulent, bloody urine compelled him to enter the hospital. Numerous members of his family have suffered from calculus. On this account, this patient was again examined for stone: but instead of a stone, a soft, friable swelling was found upon direct palpation of the bladder after reopening the old perineal incision: a portion of the tumor was removed with the forceps. The bladder was kept drained. Two days after the rest of the tumor was to have been removed, but it was found that the tumor protruded through the incision. It could be easily pulled forward and its base circumscribed. Some unpedunculated pieces

were scraped off. Hemorrhage repeatedly occurred; had a prostatic calculus removed two years ago; the bladder was washed out repeatedly with antiseptic liquids, and complete recovery took place.

EXPERIMENTS UPON THE FATE AND THE ACTION OF ELASTIC LIGATURES IN THE ABDOMEN.

Dr. Felix Löwenhardt. L. tied the various abdominal organs of rabbits with gum-ligatures, and examined, after a long time, the behavior of the ligatures and the included structures. In a clinical point of view, the experiments agree with those performed upon men, inasmuch as with the necessary antiseptic precautions the innocuousness of the elastic ligatures has been established even under apparently unfavorable circumstances (ligaturing of portions of the liver and spleen).

The author sums up the results of his experiments as

follows;

1. Elastic ligatures are an indifferent (inert) binding material.

- 2. The strength of an encapsulation depends upon the duration of the operation and the injuries wrought thereby. (Manipulation in the abdominal cavity, excessive secretion from the wound.)
- 3. The tied-up portions of tissue (i. e., parts circumscribed by the ligatures), become nourished under certain circumstances.—Deutsche Medizinal Zeitung.

EXTRAORDINARY CASE OF STONE IN THE BLADDER.

Patterson, in the Glasgow Medical Journal, narrates the following case: A youth of 17 years fell from a great height in such a manner that he alighted astraddle an iron bar, lacerating the perineum and breaking the left pelvic bone. For fourteen days blood escaped from the perineal wound and from the normal opening for the urine. Frequent attempts were made in vain to close the urinary fistula; the patient finally abandoned all efforts at cure, and quilted (or padded) his clothing in order to catch the dribbling urine, and lived thus for twenty years. Finally a very severe pain in the perineal fistula obliged him to consult a physician, who administered opiates. In fourteen days the patient again presented himself for examination. What was found? A finger was passed into the perineal

fistula, and came in contact with an immense stone, which felt as though it were hollowed out. The patient acknowledged that he had himself introduced a chisel into the wound, and had chipped a piece off the stone. The physician went to his house to get a forceps. But meanwhile, the patient, racked by torture, moved up and down the room, and made attempts at extraction, and finally the stone suddenly dropped from the wound and broke in two pieces upon the floor. The stone weighed 151/2 ounces (480 gramms), measured in its greatest circumference 105/8 inches, and in its least, 8½ inches. After applying carbolized dressings for fourteen days the patient returned to his work, He urinated with great difficulty, for the perineal wound had completely contracted, and also the urethra would not admit a No. 1 catheter. He lived for eleven years after the removal of the stone, and died of apoplexy. Instead of the perineal fistula, a scar three inches long was found.—Deutsche Medizinal Zeitung.

THE ELIMINATION OF MERCURY DURING AND AFTER ITS CUTANEOUS EMPLOYMENT.

In an article in the *Journal of Cutaneous and Venercal Diseases*, Dr. Schuster of Aix-la-Chapelle, after giving the results of a number of experimental examinations arrives

at the following conclusions:

It is more than probable that the elimination of mercury is equally regular by the fæces and by the urine. From the experiments made we can conclude that the elimination of mercury must be completed within some determinable time. For ordinary courses of inunction this period is

placed at six months.

Therefore, it is surely not accidental that frequently, in from four to six months after mercurial treatment, the ban-ished syphilitic symptoms reappear or show themselves more decidedly, both in the early and in the late manitestations of syphilis. After the elimination of mercury has continued for four months, there is too little mercury left in the system to retard the the renewed increase of the syphilis in such relapsing cases. It is advisable, therefore, in view of the eliminative period of the incorporated mercury to repeat the mercurial treatment of syphilis in from four to eight months after the course which has suppressed the syphilitic manifestations, according to the earlier or later expectation of fresh symptoms.

OBSTETRICS AND PÆDIATRICS.

THE USE AND ABUSE OF THE FORCEPS.

Professor Goodell made the following observations in a recent clinical lecture (Philadelphia Medical Reporter, June 14th): "Tears of the perinæum will occur whether the physician uses the forceps or not, but in the majority of cases they come from the use of the forceps, or rather from the abuse of the forceps. Let me give a piece of advice to you as young men. When the proper time comes put on the forceps and boldly bring down the head, but when it begins to bulge the perinæum, take off the forceps. I do not think that any of you are competent to deliver the head over the perinæum with forceps. The temptation is to turn the head out too quickly. If you take off the forceps you will rarely have a bad tear, and if it does occur you will not get the blame for it. It is a very rare thing for me to end a labor with the forceps on. When the perinæum begins to bulge, I support the handles to see whether the pains are strong enough to end the labor. If so, I remove the There is such an abuse of this instrument that I sometimes think that Baudelocque was right when he said that the forceps had done more harm than good. It requires great skill and judgment to end a labor with the forceps. A physician from inexperience, or being demoralized by a long and tedious labor, is liable to use undue violence and deliver the head too quickly, or to make traction in the wrong direction. I have myself torn the perinæum and seen many good physicians do the same. From this experience I should recommend that, unless there be an excellent reason for contrary action, the forceps be taken off when the head reaches the perinæum. Occasionally one blade will catch over an ear and you cannot get it off; but in the majority of cases it can be removed, and that is the proper thing to do."

Dr. Chas. E. Fitzgerald, in the London Lancet, of August 16th, reports two remarkable cures by the simple correction of a sharply retroflexed uterus.

The first case, one of intense despondency, hysterical weeping, and a firm determination to refuse food. The sound was introduced with difficulty, the womb replaced (the patient struggling and howling like a wild

animal the meanwhile), and kept in place with a Hodge pessary.

The patient became quiet immediately.

The next case was one of obstinate metrorrhagia, which had persisted, more or less, and with scarcely a day's intermission for eighteen months. The patient was so weak that she could not leave the horizontal position without fainting. The hemorrhage ceased immediately on the correction of the misplacement and did not return until the next menstrual period, being then normal in quantity.

A NEW TREATMENT FOR DIPHTHERIA.

Dr. Moty in the Gazette des Hopitaux, 21st August, 1884, gives the following description of a new method of

treating diphtheria:

He says, "The following is the method we use and the way in which we came to use it. Having noticed during the war of 1870-1, that efficacy of camphor, in simple cases of hospital gangrene, the idea of using it in diph-

theria suggested itself."

In order to make the contact more prolonged than would result from simple gargling, we held a small amount of powdered camphor placed on a little charpie against each of the visible diphtheritic patches, and told the patients to renew this every hour. After a few days the moistened finger can be used to make the applications. No special attention is paid to the diet.

Dr. Moty quotes 49 cases, with two deaths. One died a few hours after its admittance to the hospital, and so nearly dead when brought that no treatment could have been instituted with success. The other patient was so

rebellious that no treatment could be used.

Thus, as far as the treatment is concerned, these two cases could be excluded, and so far we have the wonderful record of 100 per cent. cures of those cases on whom we have been able to use the remedy.

The following is the formula suggested by Prof. Leeds, of Stevens' Institute, as the best substitute for woman's milk:

I gill of water.

I gill of cow's milk, fresh and unskimmed.

² tablespoonfuls of rich cream.

200 grains of milk sugar.

1 1/4 grains of extractum pancreatis.

4 grains of sodium bicarbonate.

"Put this in a nursing bottle, place the bottle in water made so warm that the whole hand cannot be held in it without pain longer than one minute. Keep the milk at this temperature for twenty minutes. The milk should be prepared just before using."—Archives of Ped. for August

THE NEW ORLEANS MEDICAL AND SURGICAL JOURNAL.

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EDITORIAL.

AN INTERESTING PHASE OF THE ANTISEPTIC CONTROVERSY.

Though the medical profession is not yet prepared to pass a definite and final judgment upon the merits of the Listerian controversy which is being continuously agitated throughout the surgical world, it must be admitted by even the most partisan, that the time is fast approaching when the accumulated statistics of experience will be regarded as sufficiently ripe to enable the unprejudiced practitioner to settle definitely in his mind whether he must forever cling to the minutiæ of the antiseptic teaching as an essential requisite to the success of his surgical operations, or when discarding them on such occasions he will experience a real consciousness that in so doing he is not adding to the burden of his responsibility or in any way neglecting the interests of his client. It need hardly be said in addition, that the present outlook points clearly to the abdomi-

nal region as the great battle-ground on which the Listerites and their opponents will marshal their strongest forces to decide this important question.

Strongly confirmatory of the truth of the preceding statements are the recent efforts of the modern school of operative gynecologists who, represented by Keith at the International Medical Congress, held in London four years ago, dealt the first and really serious blow to the cause of Listerian antisepsis; since then the attack has been repeated with telling effect by Keith, Bantock, Savage and Tait, whose remarkable achievements without the aid of Listerism, in the field of abdominal surgery, have certainly overshadowed the successful results heretofore claimed as the sole outcome of germicidal precautions.

Among the most aggressive and formidable opponents of Listerism preëminently stands the daring surgeon and writer, Lawson Tait, of Birmingham, who has nowhere appeared more iconoclastic than in his recent address on "Abdominal Surgery," which he delivered at the late meeting of the Canadian Medical Association at Montreal.

It is with great regret that we are not able to present Mr. Tait's notable address in its entirety, still a few fragments which more especially bear upon this question will not fail to enlighten many of our readers upon the present status of this important question:

"In 1878 the doctrines and practice of Lister, after twelve years of preaching on the part of Mr. Lister, had penetrated to London and were taken up by Mr. Wells and his assistants. I had practised all the details in their evervarying form, as recommended by Mr. Lister, from 1866 onwards, and gave them up one after another as I found they disappointed and hindered me. Finally I gave the spray and its adjuncts a long and complete trial—a trial far more careful in its details than anything I ever saw elsewhere, extending over three years. I have published in detail the disastrous results of this experiment, and at last gave up all these unnecessary dangers, and, since January 7th, 1881, my practice has been entirely free from all these details. Since then my example has been followed by Dr.

Keith, Dr. Bantock, and my colleague, Dr. Savage, and the only surgeon now who uses the Listerian details for abdominal surgery is Mr. Knowsley Thornton. He still claims for Listerism the most of our present progress, in spite of the fact that Keith, Bantock, Savage and myself have all far better results without Listerism than Mr. Thornton has with it. Mr. Thornton went so far recently, in a communication to Dr. ----, which that gentleman published, as to say that his (Mr. Thornton's) bad results in hysterectomy were due to the fact that in this operation the Listerian details could not be effectually applied. But the facts of the practices of Mr. Thornton and Dr. Bantock, the two surgeons to the Samaritan Hospital, settle this question when they are contrasted. Mr. Thornton uses the Listerian details for hysterectomy as well as he can, and in twelve cases he has had five deaths, while Dr. Bantock does not use the Listerian details at all, and in twenty-two cases he has had only two deaths. The explanation of the difference will be evident to every one who has seen both of these gentlemen operate. To see Dr. Bantock do a hysterectomy is a lesson in surgery, and one from which I learnt a great deal.

"To see my own work, I have been honored with the visits of a large number of surgeons of this continent, some of whom I see here now. I believe they, one and all, came with a belief that they would find I had some secret antiseptic agent, to the use of which was the explanation of my success. If I have such an agent, it must be of universal existence in nature, for I have made some of my visitors take the water from the tap and put it into the basins for the sponges, and over the instruments and into the abdomen. I have made them drink it and have offered it to them for analysis, and, so far, I have not been detected in any magic exercise. My visitors always ask to what I attribute my success, and I answer that I cannot tell. They frequently suggest that it is climate. My answer is that our climate is the most variable and uncertain—the worst in the world. It is not fresh air, for the great majority of my operations, and always the worst, are done right in the

middle of a large manufacturing town.

"If I may formulate my own answers, they would be briefly to this effect: I have given up my life to this work, and I engage in no other kind of practice; therefore I have a constant weekly experience of five or six of these operations, sometimes as many as eight or ten. I pay the most

minute attention to every detail, and maintain an absolute rule of iron over my nurses and patients. I will not, if I can avoid it, operate in a private house, for there I have no control over either nurse or patient, still less over foolish friends.

"My nurses I always train myself—in fact, I will not have one who has had previous experience, for I know very well that such a woman will inevitably, to save herself trouble, do something in a way she has done elsewhere, and probably for some purpose altogether foreign to my intention, and will therefore become to me a source

of danger and annoyance.

"Finally, I gave great personal attention to cleanliness in every detail of my work. I trust no nurses or servants without overlooking, and am constantly and at unexpected times turning up carpets, taking down shelves, and rooting out cupboards. In this way, and by a process of weeding, I have obtained a large staff of good servants, and have formed a large establishment in which every available precaution is secured. I can give no other reasons than these for my success, and probably they will commend themselves to you."

The reader will see, even from this brief excerpt, that Mr. Tait does not express himself tamely. But this exceeding vigor which unfortunately borders on pugnacity in too many parts of his speech, must render even his warmest sympathizers fearful that a belligerent spirit, not altogether compatible with the interests of science, has prompted its appearance on an occasion which should have been characterized more by scientific usefulness than by the acrimony of personal disputation.

In thus referring to his address we do not wish to detract from the merits of a production which is in many respects worthy of great admiration, but must express our regret that its essentially instructive and valuable parts should have been so weakened and disfigured by the obtrusive animosities of the author. His arraignment of Sir Spencer Wells, of Thornton, and in fact of those who are not of his mode of thought and addiction, are not only unnecessarily severe but totally superfluous. To suggest that Spencer Wells "has done nothing but obstruct progress," to de-

light in contrasting Wells' heavier mortality with his own and that of his (Tait's) friends, simply because they have been more fortunate, to devote the major portion of a lengthy address to endeavoring to demonstrate who is the better surgeon, Mr. Bantock (and indirectly Mr. Tait) or Sir Spencer, and furthermore to do this in terms which breathe nothing but personal rancor, is, we believe, very doubtfully conducive to medical progress, and certainly cannot add much value to any scientific paper.

It is curious to note also that in the discussion which followed the reading of his address Mr. Tait said, "That any criticism he had ever made on Sir Spencer Wells was with the most friendly intentions, dictated by an intimate acquaintance extending over many years."

It is needless to say that we are anxiously awaiting Sir Spencer's early recognition of his friend Tait's public outburst of appreciation.

As if in direct response to Mr. Tait's utterances at Montreal, and quite apropos of the subject under consideration, Mr. Knowsly Thornton, who is so roughly handled by Mr. Tait in the preceding paragraphs, has written a letter published in the American Journal of Obstetrics, for September, which vigorously defends his own side of the case, and vividly demonstrates the unpleasant aspect which this controversy is assuming. In justice to Mr. Thornton, it is only right that his pleading be placed by the side of that of his great opponent, and that Listerism, as practiced at the Samaritan Hospital, London, will be given a fair opportunity to reinstate itself.

"Mr. Tait has gone further than the mere comparison of results, and has insinuated against me a grave charge of attempting to represent the results of antiseptic and nonantiseptic abdominal section at the Samaritan Hospital as something very different from what they really are. I meet this charge by stating the facts of the case, so far as they are known to me, both as regards Dr. Bantock's success in hysterectomy, and as to the relative mortality in the antiseptic and non-antiseptic ovariotomy practice at

the Samaritan Hospital during the time we have both worked there.

"Mr. Tait goes to the Transactions of the Obstetrical Society of London for Dr. Bantock's results, but I will proceed to show that no one must go to those Transactions for this purpose, or he will get a false impression of Dr. Bantock's success in hysterectomy. On May 3d, 1882, Dr. Bantock showed two fibroids at the Obstetrical Society. and said, "he had now had sixteen cases with only four deaths" (Trans., vol. xxiv., p. 91.) On December 6th, 1882, he showed five more and reported a fifth fatal case, but made no mention of a sixth fatal case which will be found recorded in the table in his Worcester paper (British Medical Fournal, August 26th, 1882). (Trans., xxiv., p. 301.) On March 7th, 1883, he showed another five specimens, and referred to those shown three months before, as if he was reporting a complete and continuous series, but again forgot to mention a fatal case, making the seventh death in his series. It was at this meeting that he spoke of the group of cases which Mr. Tait has so fairly selected for comparison with some of mine (Trans., vol. xxv. p. 38). On May 7th of this year, he again brought forward four successful cases, but omitted all notice of four fatal cases which died in rapid succession after his cases were shown in March, 1883. All this goes to show that, in a serious operation of this kind, long and complete records are necessary before any correct opinion can be formed as to its success, and it also shows that, for such records of Dr. Bantock's results, Mr. Tait must not go to the Transactions of the Obstetrical Society.

"Now for ovariotomy. I performed my first ovariotomy at the Samaritan Hospital in November, 1874, and Dr. Bantock followed with his first hospital case in January, 1875. We have continued to operate there up to the present time, a period of nearly ten years, quite long enough to make our results good for comparison, when adopting distinctly different methods. Ever since Dr. Bantock attacked Listerism in a paper read before the Medico-Chirurgical Society "on Hyperpyrexia after Listerian Ovariotomy," I have kept a very close watch upon our relative results, as I felt that a very important mass of evidence was accumulating, either for or against Listerism in abdominal surgery. Where could the conditions be more equal? Two surgeons with similar accommodation and with an experience extending over an equal period of time, working

under the same roof!

"In the volume of the *Transactions* of the Medico-Chir. Society, in which Dr. Bantock published the above paper, with a table of 162 complete ovariotomies appended, I also published 150 antiseptic ovariotomies, which, together with some non-antiseptic cases and 25 published in a previous volume, gave 188 complete ovariotomies.

"If the two tables are carefully compared, the following

results are found:

						Mortality.		
			l ovariotomies,	33	5	15.15	per	cent.
Bantock,				36				
		Hospital	ovariotomies,					
Bantock,	6.6	6.6	66	113	16	14.15	6.6	6.6

"In whatever way the cases are grouped, my results are from 3 to 11 per cent. better than Dr, Bantock's. But here is a most remarkable fact—Dr. Bantock's 'Listerian' mortality, which the paper was written to show up, is actually 8 per cent. lower than that of his non-antiseptic cases.

"In face of these results, he throws up 'Listerism' and uses what it is the fashion to call 'cleanly surgery,' i. e., great deal of ordinary tap water, which is known to teem

with organisms.

"I have steadily stuck to "Listerism," and against my 11.62 per cent. antiseptic mortality in the above comparison I now have to record 174 additional complete ovariotomies, with another 10 deaths, or a mortality of only 5.74 per cent. Dr. Bantock has continued "cleanly surgery" and, with much use of the glass drainage tube, has to show 92 additional complete ovariotomies, with another 16 deaths, or a mortality of 17.38 per cent.: more than three times my antiseptic mortality, and actually 31/2 per cent. worse than his own 'Listerian' mortality. And in this statement of the case, I have left out three of his ovariotomy deaths which happened within a month of operation, and before the patients left the hospital, as he says that they recovered from the operation and died of something quite independent of it. I have also left out incomplete ovariotomies in which results are still more heavily in my favor.

"If Mr. Tait had remained silent, this statement might have never come out, though I have often thought that the misrepresentation on this subject had continued a little too loud and too long. I think both the surgeon and the method have reason to say: "Save me from my

friend."

"But Mr. Tait is a great opponent of "Listerism," and I find, on referring to his published table that his results stand thus:

	Cases	Died	Mortality		
"Strictly Listerian," his on statement,	50	3	6	per cen t	
Non-antiseptic,	176	24	13.95	66 66	

"These figures need no comment from me.

"What Mr. Tait's recent results may be I know not, for we have not been favored with them lately; but their nonappearance is suggestive, as Mr. Tait does not usually hide his "light under a bushel."

"I now challenge him to publish a complete series of his non-antiseptic cases of ovariotimy for tumor, which will compare with my 303 antiseptic cases given above, and until he does this, I shall take no notice of anything else he

may write on the subject.

"Mr. Tait's results in hysterectomy have been remarkable; in a series of 50 abdominal sections (various) published in the Birmingham *Medical Review*, vol x., p. 30, he records 9 cases with 5 deaths, and there are also 5 incomplete fatal cases.

REPORTS OF THE SCIENTIFIC GRANTS COMMITTEE OF THE BRITISH MEDICAL ASSOCIATION.

This Committee of the British Medical Association is empowered to grant sums of money, upon application, for the purpose of assisting members of the profession in carrying on researches for the advancement of medicine and the allied sciences. This year the following reports have been made to the committee and published in the British Medical Fournal: Experimental Investigations on the Intimate nature of the Contagium in certain Acute Infective Diseases, by G. F. Dowdeswell; Leprous Infiltration of the Epiglottis and its Dependence on the Bacillus Lepræ, by George Thin, M. D.; Influence of Bodily Labor upon the Discharge of Nitrogen, by W. North: Influence of Rhombic Sodium-phosphate and Sodium-bicarbonate on Muscular Contraction, by Sidney Ringer; Causes and Mechanism of the Cardiac Impulse, by James Barr, M. D.: Some Organic Phenomena in their Relation to Changes of Environment observed during a Voyage round the

World in a Sailing Ship, by D. A. Gresswell; Transmissibility of Bovine Tuberculosis through Milk to young Animals, by Francis Imlach, M. D.; The Proteids of Serum, by W. D. Halliburton.

Mr. Dowdeswell's paper accepts the distinction, now clearly recognized, between specific septicæmia (Burdon-Sanderson), that due to micro-parasites, and septic intoxication, that produced by a chemical poison. In the former there is an incubation-period and there is no direct relation between the amount of the poison and the effect, while the contrary is true of the chemical intoxication. It discusses the question of the constancy or mutability of species in the organisms of micro-parasitic diseases. He arranges the various views of investigators with respect to these schizomycetes, into two classes; 1, that of Cohn, Koch and others, insisting that difference of form or of physiological function constitutes a distinct species, one not being transformed into any other; 2, that of Von Nageli, Billroth, Lankester, Zopf and others, who think these forms are merely developmental phases, or varieties of only very few species modified by external conditions. He draws a distinction between Davaine's septicæmia in rabbits and Pasteur's septicæmia in rodents (infective peritomtis). In the first he regards the bacterium found as the active contagium or cause of the disease, while in the latter, though an organism is developed, he thinks should be considered rather a septic intoxication, modified, probably mechanically, by the presence of the micro-organism. In neither disease did he find an "adaptive increase" of virulence in successive inocculations. It would be interesting to further amplify the comparison between the two forms of septicæmia, but our space forbids.

Dr. Thin considers it established that tubercular leprosy is a parasitic disease, and his paper is an attempt to contribute something towards our knowledge of the manner in which the parasite, the so-called *bacillus* lepræ, multiplies in the body and attacks certain organs and tissues.

Mr. North's conclusions are: 1-that very severe labor

diminishes immediately the store of nitrogenous material, just as privation of this material in the food would do, but in both cases after a time there follows a corresponding diminution of discharge; 2—the storage of nitrogen is the expression of a tendency of the organism to economize its resources; 3—the excretion of phosphates is very little effected, but the sulphates are increased in every case, and proportionally to the increase of nitrogenous material. The abstract published in the *British Medical Journal* is rather unsatisfactory and can scarcely do the report of Mr. North full justice.

Dr. Barr's report is especially interesting. He reviews the history of the various theories proposed from time to time to explain the cardiac impulse, concluding that it is due to the change in form and position brought about by ventricular contraction around a mass of nearly incompressible fluid, assisted by the straightening and elongation of the aorta and pulmonary artery, the contraction of the spirally running fibres and the "recoil" following ventricular contraction. The report is lengthy and accompanied by carefully executed cardiographic tracings. It will well repay perusal.

Dr. Imlach's investigations showed that healthy young animals, properly selected and tended, may be for a time fed with the milk of tuberculous cows without the development of tuberculosis, but extensive and careful observations would be required to determine the ultimate results of such feeding. Though observations do not suggest that a healthy child properly cared for would be hurt by the occasional ingestion of such milk, it surely would be rash to conclude that tubercle might not thus be produced in an "ill-fed and ill-clad child with an unhealthy heritage and a digestive mucous membrane eroded by frequent diarrhœa."

Altogether the reports are interesting and instructive, and should stimulate the further liberality of the British Medical Association in encouraging scientific research.

THE INTERNATIONAL NOMENCLATURE OF AUSCULTATORY SOUNDS IN THE DIAGNOSIS OF CHEST DISEASES.

Among the numerous and important subjects which occupied the attention of the members of the International Medical Congress recently, and so successfully, held at Copenhagen, the subject defined by the caption to these lines merits a notice in these columns. The topic is interesting to us not only through its intrinsic, practical, merits but also because it represents a valuable idea originally suggested by one preëminently fitted to carry it into execution and deserving in every sense the distinction which our trans-atlantic brethren conferred upon him by appointing him chairman of the International Committee created for this purpose. We mean our distinguished representative, Austin Flint, Sr.

The work of Dr. Flint is exhibited best in a brief summary of his own report, for which we are mainly indebted to the *British Medical Journal*.

At the meeting of the International Medical Congress held in London in August, 1881, the following resolution was adopted by the section of medicine. "That a committee be appointed to report to the medical section of the next Congress, wherever it may meet, on a uniform nomenclature of auscultatory sounds in the diagnosis of diseases of the chest." The following were appointed members of the committee:

Dr. Flint, Chairman; Professor Ewald, Berlin; Professor d'Espine, Geneva; Dr. Douglas Powell, London and

Dr. F. A. Mahomed, London.

At a meeting of this committee in London, it was agreed that each member of the committee should send a report to the chairman, and the chairman agreed to send to each member the several reports, or an abstract of them,—the subsequent report of the chairman to the third Congress, to be based on the reports collectively. As chairman of the committee, he (Dr. Flint) had received reports from each member of the committee, and, in his communication he stated the points of difference in these several reports was a very close approximation to an uniform nomenclature of auscultatory sounds. The points of difference related to the following sounds, as regarded either the names

or their definition: 1, respiratory sound denoting pulmonary cavity: 2, The dry and moist adventitious sounds produced within the bronchial tubes: 3, The scope of the terms crepitation, râles crepitants, Krusterrasseln. The paper embraced details respecting the differences in regard to the topics just referred to, together with an enumeration of the physical signs and their definition,

concerning which there was an entire agreement.

A printed list was laid on the table, from which it appeared that the committee had evidently, not needlessly, multiplied signs. Signs which were not included in all the lists were not important, except those of cavernous respiration, which were wanting in the German list. The nomenclature was very uniform, but there were essential points of difference. Subcrepitant rûles were wanting in all the lists as superfluous. There was no variation in the definition of the palpation signs but some difference in the definition of the percussion sounds. In the American view, prolonged expiration might be high or low in pitch. In regard to consolidation, rales in the French might be dry or moist, but in the English moist. The definition of bronchophony and pectoriloguy varied in the lists; and it was suggested that the section should consider the report as a provisional one, and that representatives of other countries should be added to the committee to report to the next Congress.

It is unquestionable that a uniform nomenclature in all the branches of medicine, from the nosology itself to the various designations of symptomatology and medical technology, is a great desideratum, as one of the first disagreeable obstacles opposed to the progress of the medical investigator and reader is the perplexing terminology employed by the writers of different countries which through its increasing and confusing variability, obliges the student to waste much and precious time in philological and etymolological studies in order that he may learn what terms are correlative or synonymous with those which he commonly

uses.

Probably in no other department of science is a uniform and universally accepted system of nomenclature more pressingly demanded than in that of neurology. For it is difficult to find any anatomical structure in this department, which has not been designated in half a dozen fashions, most of which only serve to worry and disgust the already overworked student. In no way can the International Con-

gresses which have been so successfully held in the recent past, and which promise to be so fruitful of practical results in the future, prove more valuable than in formulating and diffusing uniform systems of nomenclature for the various departments of medical science. Certainly the work of the auscultatory committee, just mentioned, if realized as it will most probably be, will greatly facilitate the work of the future Lænnces, Skodas and Flints, and fairly promises to pave the way to similar work in other fields.

SOME INTERESTING FACTS ABOUT POISONS.

Dr. A. Wynth Blythe delivered a lecture at the late International Health Exposition, entitled "Old and Modern Poison Lore," from the perusal of which much and valuable information on this always interesting subject can be gleaned. In estimating the number of poisons known to modern science, he says:

"I get a total of 160 poisons as about the number at present known to science: but not more than 40 of these ever figure in the Registrar-General's reports as a cause of death, and over 60 are chemical rarities, not existing in

ordinary commerce.

"Previous to the nineteenth century more than seventy of these poisons were either unknown, or only known as vegetable extracts; it is the glory of modern chemistry to have separated from plants most of the active principles in a perfectly pure state, and to have shown that what was formerly considered simple is really complex. Take, for example, opium; it has been known as a narcotic from the earliest times; before 1803 no one ever imagined that it contained more than one active principle, but in 1803 Derosne separated from it morphine and narcotine, and at the present time no less than twenty-one definite principles, all having different physical, chemical and physiological properties, some, indeed, antagonistic, have been separated from this wonderful drug; or take aconite, that has been from the most remote times the favorite poison in India. Aconite, or the common monkshood, contains six alkaloids, two of which alone seem to be physiologically active. Digitalis, the common foxglove, contains at least seven closely related and yet not identical principles; and, in short, it is now evident that poisonous plants generally contain a family group of poisons.

Life mainly rests on a tripod, heart, brain, and lung. Some poisons act specially on the heart, others concentrate themselves on the lungs, and others ascend to the brain, but a great majority irritate and inflame the fine velvet lining of the great convoluted tube of the body, and only act indirectly on the cardiac, nervous and pulmonary systems. I have calculated that about 19 per cent. of the 160 known poisons act directly on the brain and spinal cord, either lulling to preternatural sleep, or exciting to preternatural activity; 5½ per cent. affect the respiration, a little over 4 per cent. affect the heart primarily, while no less than 39 per cent. are irritants; as for the remainder, their action is so mixed that they seem to affect various organs at one and the same time.

In pointing out the wonderful mimicry of disease produced by certain poisons, he says:

"The fatal bite of the Cobra di Capello not unfrequently produces all the effects of a somewhat rare malady known as glossopharyngeal paralysis, or, in plainer English, palsy of the tongue and throat.

"Atropine, the active principle of belladonna, will produce a dry sore throat, a vivid rash on the skin, a quick pulse, a high temperature, with delirium; the resemblance to scarlet fever is completed by a slight desquamation, or

subsequent peeling of the skin.

"A large fatal dose of arsenic mimics cholera; there is the same excessive depletion of all the fluids of the body by one channel, the vomiting, the collapse, and rapid death. Phosphorus produces jaundice: strychnine simulates tetanus, and the symptoms have been mistaken many times for hysterical convulsions.

"Madness has been produced by lead. Last year I saw in Dr. Rayner's clinic at Hanwell some remarkable examples of this; in nearly all cases there were illusions of sight. One patient saw round him wind bags blown out to look like men; these apparations floated after him and very

much worried and alarmed him.

"A more terrible form of brain disease has been produced by an artificial poison. Some years ago mercuric methide was prepared in a London laboratory, and two young chemists, engaged day after day in its manufacture, became ill from breathing the vapor; complicated symptoms of brain disease appeared, which culminated in idiocy, and they both died.

"Mercuric methide is not, however, the only poison which may produce insanity or idiocy. The dhatoora of the Hindoos, which is identical with belladonna, has in Indian history played the peculiar role of a State agent, and has been used to produce imbecility in persons of high rank whose mental integrity was considered dangerous by the despot in power. It usually, however, produces but a temporary insanity; in one case after a toxic dose a tailor sat for four hours moving his hands and arms as if sewing, and his lips as if talking, but without uttering a word. The "insane root that takes the reason prisoner" may be found among the solanaceous plants. In an ancient cloister the monks ate in error henbane root, and in the night were all taken with hallucinations, so that the pious convent was like a madhouse. One monk sounded at midnight the matins: some who, thereupon, thinking it was morn, came into the chapel, opened their books, but could not read; others declaimed: some sang drinking songs of a character not befitting the place; and the greatest disorder prevailed.

"Several poisons produce ulcerations and skin diseases. The remarkable malady, first described by Dr. B. W. Richardson, under the name of the bichromate disease, is another example of similarity between an artificially induced affection and one which seems to occur spontaneously. Potassic bichromate is made on a large scale, and the workmen who inspire the dust through the nose suffer from an inflammation of the septum, which ultimately may be destroyed by ulceration. It also causes painful skin affections—eruptions like eczema and psoriasis, and very deep and intractable ulcerations The effects of the bichromate are not confined to men; the dust gets in any crack the horses at the factories may have about their hoofs, and causes an ulceration from the effects of which even the hoofs may be shed.

"If glosso-pharyngeal paralysis, scarlatina, affections of the skin, tetanus, insanity, and idiocy may be either simulated or produced by drugs, on the other hand, certain diseases simulate the symptoms of poisoning, and the most rational explanation of these cases is that the body itself manufactures its own poison. One of the best examples is that known as "diabetic coma." In diabetic coma, there is first mental confusion, in which the person may wander aimlessly about the streets, and have somewhat the appearance of ordinary intoxication; then follows irresisti-

ble drowsiness, and ultimately death,—altogether a series of phenomena which might be well mistaken for the narcosis of opium or alcohol."

In referring generally to the symptoms of poisoning he illustrates very interestingly the errors in most of the popular representations. The death of Cleopatra, as described by Shakespeare, that of the Duke of Milan, in Philip de Massinger's play, that of Beverly in Edward Moore's Game ster, and in Nathanial Lee's tragedy, Alexander the Great, are criticised as inaccurate and distorted. While alluding to the last instance of erroneous representation of death by poison, he says:

"There was no poison known to the writers of the plays alluded to which would produce symptoms in any way similar. At the present day there is, however, a liquid made by artificial means, the effects of which are stranger than those imagined by play writers—after it is swallowed, the person walks about for an interval of time varying from a quarter of an hour to two hours. His skin, and even the whites of the eyes, become of a strange purplish livid color, but he may feel fairly well, then the fatal symptoms set in with appalling suddenness, and he dies in a tew minutes. For anyone who delights in constructing stories of sensation, these occasional effects of nitro-benzine, just described—the weird blue color, the interval allowing of acts and rhapsodies, and the abrupt termination, afford considerable, although perhaps not commendable scope."

When dealing with treatment of poisoning he adds the following practical item:

"There was an ancient myth, long believed, that certain stones changed their color at the approach of poison, and that there were also a substance which would neutralize every poison. This is no longer thought probable or possible. Nevertheless, attempts have been made with some success to compound a liquid which plays the *role* of a multiple antidote. One of the best consists of a saturated solution of sulphate of iron, 100 parts; magnesia, 80; animal charcoal, 44 parts; water 800. It is preferable to have the animal charcoal and magnesia mixed together in the dry state and kept in a well corked bottle; and when required for use, the saturated solution of sulphate of iron is

mixed with eight times its bulk of water, and the mixture of charcoal and magnesia added, with constant stirring.

The multiple antidote may be taken in wineglassfuls once every ten or twenty minutes in recent poisoning by arsenic, zinc, opium, digitalis, mercury or strychnine.

CORRESPONDENCE.

PENETRATING WOUNDS OF THE ABDOMEN.

To the Editors N. O. Medical and Surgical Journal:

Gentlemen.—The following cases are taken from the records of the Charity Hospital, and contributed to the JOURNAL in the hope that they may interest you readers:

John M., aged 22 years, was admitted into the hospital November 3d, 1882, maudlin drunk, with a penetrating wound of the abdomen. The external orifice, one inch in length. Smaller than the internal, extended transversely one inch above the navel. It was a protrusion of the omentum about the size of a large pecan, which was reduced only after patient efforts. The wound was sutured, dressed with dry charpie, and firmly bandaged.

November 4th, resp. 24; pulse 110; temp. 995 F.; circumscribed tenderness around the wound.

During the day, November 5th, resp 20; pulse 84-90; temperature 99° $99^{3\circ}_{5}$ F.

Treatment comprised the immediate administration of sulphate of morphia subcutaneously, and subsequently, one opium pill every four hours. Dry charpie was the only local dressing, and this firmly retained by a roller bandage. Patient was discharged, cured, November 20th, 1882.

Francis A., an Italian laborer, 44 years of age, a man of strong physique, of intemperate habits, received a penetrating wound of the abdomen, May 13th, 1883, and directly afterward, was admitted into the hospital. The wound was located in the left lumbar region, coils of intestine, twelve

inches long, protruded. There was a wound of the mesentery, requiring ligature of an artery. There was also a wound of the serous and muscular coats of the intestine, necessitating suture. The internal hemorrhage was conconsiderable, morphia was at once given subcutaneously, and the effect continued by a grain pill of opium every two hours.

Evening, May 14th—Resting quietly; no evidence of peritonitis; pulse 82; temperature 991/4° F.

Morning, May 15th—Still resting quietly; respiration and temperature normal,

May 20th—Patient complained of great abdominal pain attended with fever and restlessness. These symptoms were relieved under the effect of an increased amount of opium. No other untoward symptoms appeared, and the patient was discharged, cured, May 28th, 1883, just fifteen days after admission.

L. R., a mulatto, of strong build, aged 29 years, was admitted July 24th, 1883. Five inches of omentum protruded through a penetrating wound of the abdomen, in left hypochondriac region. The outer orifice of the wound was three inches in extent: the inner or smaller size. The omentum was returned, and retained with difficulty, while the sutures were being tied.

July 30th—Sutures removed; adhesion of the line of the wound: some pus leaking through the lower angle.

July 31st—Wound suppurating: erisypelas supervened; swelling of the hypochondriac and lumbar regions, and enlargement of the auxiliary glands.

Suppuration increased, and drainage tubes were inserted. On August 12th, a slough was removed, which, upon examination, proved to be of omental tissue. Subsequently to the original dressing, in all probability, the omentum pressed itself into the wound, and there became strangulated and necrosed. After the removal of this gangrenous mass, the general symptoms improved, suppuration gradually ceased, and the wound healed.

The general treatment consisted of the administration of

opium for its effect, and the free administration of H. C., the hospital formula.

R.	Cinch. sulph
	Ac. sulph. dilq. s.
	Tr. opi
	Aq. menth pit q s. 3i. M.

Dose from one to two drachms.

The local treatment consisted in the use of drainage tubes, and frequently repeated dressing of carbolized charpie.

Patient was discharged, cured, August 21st, 1883.

L. R., same as above, was again admitted January 6th, 1884, suffering of a penetrating wound of the abdomen, located in the right hypochondriac region, again with the protusion of the omentum. The omentum was carefully reduced, the wound sutured and dressed with dry charpie, held in place by a bandage right firmly applied. The only treatment consisted of the repetition of this dressing, and the administration of opium for its full medicinal effect.

The patient recovered the second time without a single untoward symptom, and deserted the hospital January 10th, 1884.

Wm. II., a laborer. white, aged 23 years, was admitted into the hospital, May 24th, 1884. Patient had received a penetrating wound of the abdomen, left hypochondriac region, just below the costal arch. Through the wound, half an inch long, a small portion of omentum protruded. The usual procedure was adopted, reducing the omentum with the utmost care, suturing the wound, dressing with dry charpie and bandaging very firmly.

A hypodermic injection of morphia was immediately given, and the effect maintained by an opium pill every three hours.

This patient recovered without any elevation of temperature or disturbance of the pulse beat.

May 27th, three days after admission, the sutures were removed The wound had healed by first intention.

The patient insisted upon leaving the hospital. No unfortunate symptoms ensued.

The above are the only cases of penetrating wound of the abdomen, with protrusion, of which we find record. I regard the protrusion of intestine or omentum, more especially the latter, as a fortunate condition. The abdominal wound is so securely plugged, and all parietal hemorrhage arrested. The manner of treating penetrating wounds of the abdomen, above indicated, proves altogether satisfactory. Patients are narcotized with morphia, administered subcutaneously, immediately upon admission. Subsequently opium pills are given at intervals varying according to their effect. The main object of treatment is to keep patients well under the influence of this drug.

In the local treatment, the protrusion is reduced with the utmost care, the wound sutured, dusted with iodoform, dressed with dry charpie and firmly bandaged.

The results of hospital treatment, in such cases, are exceptionally good, for the reason that patients are brought to us quickly, are at once put under the influence of opium and managed under strict medical discipline, entirely free from those kindly intended annoyances unavoidable in private practice.

Very respectfully,

A. B. MILES, M. D.

Charity Hospital, Sept. 1st, 1884.

DR. SHAKESPEARE'S POSITION IN THE TUBERCULOSIS CONTROVERSY.

1336 SPRUCE STREET, PHILADELPHIA, September 22, 1884.

Editor New Orleans Medical and Surgical Journal:

Dear Sir—My friend Dr. Webb called my attention to your very interesting and instructive editorial in the August number of your Journal on the Tuberculosis controversy at Philadelphia, etc.

You spoke, in your editorial, of a recent letter of For

mad's in the New York Medical Journal in reply to some of my former criticisms. In the reprint which I send you this letter of Dr. Formad is answered, and the occasion is seized to enter upon some examination of the reliability of Formad's two reports of the tuberculosis question.

I observe that you class me with the fervent "contagionists." I scarcely belong to that class. In any part I have as yet taken in the public discussions upon the question of tuberculosis, I have simply combatted the theories and the assertions of Formad which I believed to be without sufficient foundation. The true merits of the bacillus question, and whether the disease is contagious or only simply infectious, have not as yet been publicly discussed by me. In other words, I have limited myself, in this discussion, to an examination of the grounds upon which only one of Koch's opponents stands.

The class to which I belong is that of those who, while admitting that it has been absolutely demonstrated that the tubercle bacillus can be and is an exciting cause of tuberculosis, feel that it has not yet been firmly established that nothing else can have an identical effect. To my mind the evidence of thoroughly reliable observers and experimenters seems to indicate that in the course of time we shall have abundance of exact proof that the tubercle bacillus is the sole and only exciting cause of tuberculosis. But certainly that time has not yet arrived. The experimentation with innocuous substances has not yet comprised every known irritant.

Yours, very truly,
E. O. SHAKESPEARE.

A SINGULAR CASE OF FRACTURE OF THE PENIS.

NEW ORLEANS, Sept. 9th, 1884.

Editors New Orleans Medical and Surgical Journal:

Gentlemen—The following case may be of interest to you and your numerous readers: During the night of 22d of May, 1880, a young man, Mr. A. M., called on me to examine his penis, as he had hurt it very badly. He gave me

the following history: "I was having connection and during the excitement the party with whom I was having intercourse withdrew suddenly, and as I followed her, my penis struck a bone and I felt the organ break with intense pain. I examined it, saw that it was swelling rapidly and bleeding from the canal. I felt like urinating and tried to do so, but could not, and, as I tried, the penis pained more and became more swollen." He then showed me his penis and it was bleeding from the meatus, the organ itself very much swollen. On examination I found that the penis had been broken through and through, except the cutaneous covering. The two fragments could be moved upon each other, and on making traction a distinct sulcus could be felt at the seat of the break, which was about one inch and a half back of the corona. The urethral spongy body and the corpora cavernosa all evidently broken through. His urine was drawn off, quinine and opium given, inscisions made through the skin to give exit to the extravasated urine. The next day he had high fever and severe rigors. The case was seen at this time by Dr. F. Loeber with me in consultation. Sloughing occurred in patches, none larger than a half dollar piece. Disinfectant lotion of liq. sodæ chorinat., was applied to the penis, and he was instructed to draw his urine with a catheter when necessary. He made a good recovery, all openings healed well, but the distal fragment did not become erect up to the last time I saw him, which was six months after the accident. I have since learned from another party that the organ did recover its former usefulness. This was a case evidently of fracture of the healthy penis, there having been no disease of that organ up to the time of the accident.

I report to you the case because this accident must be very rare, as I can find no mention of any similar accident in any of the surgical works which I have. In one of Dr. Loeber's German works fracture of the penis is mentioned. I know of no case having been reported in this country.

Respectfully yours,

H. A. VEAZIE, M. D.

SUCCESSFUL REMOVAL OF STONE IN THE BLADDER OF FORTY YEARS STANDING.

CADIZ, KY., May 28th, 1884.

Editors N. O. Medical and Surgical Journal:

I enclose a report of a case, which, if you think of sufticient interest, you may publish. If not, consign it to the waste basket.

Respectfully, etc.,

LIVINGSTON LINDSAY.

On the 26th December, 1882, I removed from the bladder of Mrs. Stokes a stone through a vesico vaginal tistula, caused by the pressure of the stone on the neck of the bladder.

The stone was of the tripple phosphatic variety, and weighed fifteen drachms and ten grains troy. Its greatest circumference, five and one-fourth inches, its least five inches, being slightly oval, but nearly round.

According to her own statement, she had been suffering trom the presence of the stone in the bladder for about forty years—she being now about sixty-five years of age. I first saw her in March or April, 1882, and discovered the fistulous opening, which was then very small. She had been suffering with a constant dribbling of urine for only a few weeks, and it was to relieve this trouble that I was called to see her. I declined to operate for her relief on account of her age and surroundings. She was so poor and ignorant, that I was satisfied she would not have that care and attention necessary to a successful result.

When I was again called to see her on the 24th of December, she was suffering so much from the irritation caused by the stone, that I determined to enlarge the fistulous opening if necessary, and extract the stone through it.

Accordingly, on the 26th I returned, taking Doctor T. L. Bacon with me, who, after examination, agreed with me that the stone should be extracted, which I succeded in doing, without any enlargement of the opening, except such as was made by the stone itself in drawing it through the existing fistula.

Her health had been for a long time very bad, consequent on the irritation caused by the stone.

Since the removal of the stone, she has enjoyed good health and been comfortable, with the exception of the annoyance from the constant dribbling of urine through the fistulous opening in the bladder. This trouble might be very readily relieved, if her surroundings were favorable.

ABORTED CASE OF ARSENICAL POISONING.

New Orleans, Sept. 30, 1884.

Editors New Orleans Medical and Surgical Journal:

Gentlemen—I would hereby respectfully contribute the following report of an aborted case of poisoning by liquor potassæ arsenitis:

Sally C-, aged 21/2 years, white, swallowed 3ij. of Fowler's Solution on the morning of August 31st. She was caught in the act by her mother, who being aware of the poisonous properties of the drug, aroused the whole neighborhood by her cries of alarm. I was at the time making a visit at the next house, and was immediately summoned and put in possession of the facts. I also learned that a few minutes before swallowing the arsenic the child had taken a hearty breakfast. My first endeavors were to produce emesis, which I succeeded in doing by introducing the handle of a spoon far back into the pharynx. After the vomiting, which was rather profuse, I forced down the the child's stomach a cupful of milk and the white of 2 or 3 eggs, and over that a half ounce of moist sesquioxide of iron, all of which was retained. During the rest of the day the child continued to take, at intervals of thirty minutes, a teaspoonful of the iron with a cupful of milk and the white of one egg. I saw the patient again that evening and the two following days, and outside of a light diarrhea with a little griping, she showed no evidence of poisoning.

P. E. A.

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Visions of Fancy. A Poetical Work. By N. M. Baskett, M. D. St. Louis, Mo.: Commercial Printing Co., 405 North 3rd street. 1884.

The Influence of Lung Retractability in Pleurisy and Pneumo-thorax. By F. Donaldson, M. D. Reprint Transactions of the Medical and Chirurgical Faculty of Maryland, 1884. Baltimore, 1884.

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Henke's Atlas of Surgical Anatomy. A series of Plates Illustrating the Application of Anatomy to Medicine and Surgery. Translated and Edited by W. A. Rothacker, M. D. Pathologist to the Cincinnati Hospital. Lecturer on Pathological Anatomy in Miami Medical College, Cincinnati. A. E. Wilde & Co., publishers. [Large and handsome 4to., 81 Plates.]

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The Lock-Faw of Infants (Trismus Nacentium). Its History, Cause, Prevention and Cure. By J. F. Hartigan, M. D., Washington, D. C. New York: Birmingham Co., 28 Union Square. 1884.

THE SCHMIDT OVATION AT THE CHARITY HOSPITAL-A WORTHY TESTIMONIAL PRESENTED TO THE DIS-TINGUISHED PATHOLOGIST.

On Wednesday evening, Sept. 1st, at half past 7 o'clock, in the spacious library hall of the Charity Hospital, surrounded by the records of science, arrayed on many shelves, and the busts and portraits of the great masters of the healing art, ancient and modern, from the antique effigies of Galen and Hippocrates to the counterfeit presentment of Warren Stone, a large and very select audience was assembled. The object of this assemblage was stated in the card of invitation that admitted the guests, as follows:

"In recognition of the distinguished services rendered to the cause of medical science and education by Dr. II. D. Schmidt, Pathologist of the Charity Hospital, the medical profession of New Orleans will avail themselves of the formal installation of the New Pathological Department to present a testimonial oil portrait of their eminent confrére to the Charity Hospital."

Among the gentlemen present were: Dr. Layton, President, and Messrs. Boyd, Gibson, Sinnott, Dr. Bickham, and Mr. Baldwin, of the Board of Administrators of the Hospital; Secretary Marks and Attorney Carlisle, of the board; Surgeon Miles and Assistant House Surgeon Jamison, and the resident medical students of the hospital staff; Dr. John Godfrey, of the Marine Hospital Service; Drs. Shepard, Bemiss, W. G. Austin, R. Matas, L. F. Salomon, Archinard, Lawrason and others of the profession, and Hon. John Kruttschnitt, German Consul.

The venerable and distinguished gentleman in whose honor the company was gathered, was seated at the library table in the chair to which his affliction, rheumatism confines him.

Dr. Layton introduced Dr. Rudolph Matas, the orator of the occasion, who expressed himself as follows:

Mr. President and Gentlemen of the Board of Administrators:

It may perhaps surprise you to see such an assembly of medical men gathered here to-night, such a mingling of time-scarred and venerable countenances, with smooth, unfurrowed and ardent faces, such an uncommon gathering of hopeful aspirations, calm realizations and accomplished desires,—of wintry snows, autumnal leaves and even spring blossoms, all in profuse and variegated combination,—representing the great garland or life's seasons and emotions, and yet all harmoniously united by one controlling impulse, by one desire, and for one grateful purpose,—the triumphal coronation of a great and venerable life. And let all surprise cease, all doubt as to our immediate purpose disappear, when you learn that we are come to pay a tribute of grateful recognition to one, the best portions of whose life has been unselfishly devoted to the task of elevating our professional minds; to one whom an extraordinary modesty (equalled only by his great attainments) has kept veiled from the public gaze, but who, though shunning the empty courtship of the world, has, under the shadow of this mighty structure of which you are the honored custodians, created for it a lustrous and most enviable renown as an abode of, true science and philanthropy; who, through his phenomenally skillful labors, has erected for himself and for us, the physicians of New Orleans

a monument which is recognized as a towering and imperishable landmark throughout the domains of the scientific world. And this one, whom we have come to honor, whose great mission has been to decipher the most recondite and perplexing of nature's mysterious characters,—the hyjeroglyphics of disease, and has, with a success worthy of Cumaean fame, divined from the physical remnants of mortality, the precious essence of a life-giving knowledge, is none other than your pathologist, our teacher and

our honored friend,-Dr. Henry D. Schmidt.

Nearly one quarter of a century has elapsed to-day since Dr. Schmidt came at our bidding from the North to instruct us. He came not empty handed, but laden with the fruit of the tree of knowledge. The halo of fame already rested upon his brow, and he was hailed as a master come to inculcate the principles of scientific truth upon our southern youth. Need we recall the achievements which induced the illustrious Nort to select him among the brightest lights of that severe but great temple of knowledge, the University of Pennsylvania? Shall I unclasp the golden book of our medical literature, and cull from it those treasured pages in which the early scintillations of Schmidt's genius are impressed? In addressing an audience of friends, pupils and colleagues, none of whom could fail to have read them, such a course might be deemed unnecessary, were it not that their recollection is a source of deep gratification to us who are his devoted contemporaries, his closest admirers, and who are here, in fact, to testify to the fruitfulness of his example, to the wisdom of his counsel, and to his devotion to the mother science.

The achievements of Dr. Schmidt in his earliest professional days are enough in themselves to excite wonder and to seal his career with honor

and distinction.

Shall I tell you that as an undergraduate his astounding genius for anatomical analysis and his unequaled technical abilities raised him from the sphere of the humble student to the higher plane of instructor, and provided for his maintenance. That as prosector to the distinguised Leidy, his first teacher and his life long friend, and through his magnificeut anatomical models which to this day adorn the Philadelphia, Charleston, Nashville, Mobile and other museums he obtained not only a competence but fame? Shall I recall the fact that only one year after his graduation, —when plunged in the depths of his favorite study, Microscopy, he startled his friends and the profession by his almost unparalleled aptitude for laborious and minute research?

Here allow me to pause to relate the manner in which he acquried this

first tittle to distinction.

The origin of the biliary ducts in the liver, a problem of no mean importance to the Anatomist and Physiologist, which had baffled the enquiring efforts of such Microscopists as Weber, Rezius, Krausse, Kolliker, Gerlach and Beale, who never demonstrated with accuracy but only approximated by theory, the actual truth of the problem, was undertaken, and successfully, by this fledgeling of the University of Pennsylvania. This question so full of conflicting evidence and obscurity was indeed, to use a very macroscopic comparison, much like the conjectural and controversial notions entertained by geographers in regard to the origin of the Nile; and as in that case it was not until the advent of a Baker, a Livingston and a Stanley that the whole and exact truth was known, so with the biliary tubules of the liver; their real source in an intercellular capillary network did not become a demonstrated fact until the mechanical genius of Schmidt conquering all the obstacles to the needed demonstration provided the means for its thorough and easy verification.

It was not until he had invented for this special purpose his admirable and perfect apparatus for vascular injection, until he had devised a section cutter ad hoc, probably the first instrument of its kind; and his microscopic dissector, a wonder of mechanical ingenuity, that even then could the subtile microscope be utilized to identify the origin of these minutest bile conductors amid the intricacies of that complex organ,—the mammalian

liver.

It was this first paper which you will find on the shelves of this library, as it was published in the leading exponent of American Medical thought, the Journal of the Medical Sciences, for January, 1859, which at a single bound placed Schmidt on a level with the foremost microscopical investigators; which made him famous throughout the scientific world and won the applause of that greatest Apostle of Modern Pathology, Virchow, who

henceforth designated him by the characteristic appellation,—leber Schmidt.

Since 1860, when the penetrating mind of Nott, discerned in the rising

Anatomist of Philadelphia, the future pride of Southern Medical Science, Dr. Schmidt's labors have proven one continuous effort, a struggle we might even say,—to elevate our scientific records to those of the highest standard of modern medicine; to instil by lesson and example the true significance of the term, -Scientific Physician and to increase by arduous and self-sacrificing labors the glory of the South, of New Orleans, and of

this Charity Hospital.

Though the dark and bloody events of 1860 to 1864 interrupted the scientific work of Dr. Schmidt they served to illuminate with their red and lurid glare, his manly, generous, and noble qualities. During his service as Surgeon in the ranks of the Confederate Army he displayed the same magnificient element of disicipline which characterizes all his work in the Anatomical laboratory. He was invaluable in his professional capacity and by deeds of valor, fortitude and the most generous abnegation proved at all times the purity of his metal. He returned to us from the great struggle, broken down in health and in fortune, but enriched by the fruits of a prolonged, keen and plentiful observation. His mental endowments then approaching to maturity made him ride easily and loftily out of the penury of circumstance. It was about this time that he was appointed Pathologist to this Hospital, the functions of which position he discharged together with those of a chair, which shortly before had been occupied by a distinguished Physiologist, the junior Flint, in the then prosperous School of Medicine.

It was in the spring of 1866, two years after his return from the war and whilst engaged in a lucrative practice and more deeply still in his favorite pursuits, that Dr. Schmidt was prostrated by the first blow of his only, but relentless enemy-rheumatism, which compelled him to resign temporarily his position in this hospital. It took one long year to regain health sufficiently to enable him to recommence general practice and resume his favorite studies, which he continued till 1874, when with merciless fury his terrible persecutor attacked him again, laying him up for seven weary months and disabling him forever for the active duties of his profession.

Gentlemen, I have only alluded to this painful episode in order that I might set more prominently into relief the subsequent part of Schmidt's distinguished career; to demonstrate more vividly that if Schmidt as a scienentist is great, he is as a man greater; that if his scientific labors entitle him to a high place in the memorial tablets of our science, the manner in which he has pursued them, his tircless activity and unshaken faith in the merit of his task, amid trials and inflictions that would have crushed a veritable giant, his complete obliviousness of these circumstances when he had not the remotest anticipation of ultimate compensation, no practical encouragement for his work, nothing, in fact, but his own true love of Science to impel him, makes him a model of fortitude, one of the purest types of abnegation, verging indeed on the borders of the most intrepid heroism.

The merest glance at the catalogue of his printed works would arrest the attention of the most indifferent reader and create within him a respectful appreciation of the work of our Great Toiler; but to those who have been privileged to enjoy the intimacy of his friendship, and are conversant with the details of his private life, this appreciation can only find expression in one word-veneration.

Consider that it was during his postration and while aching still from the tortures of acute rheumatism that he published his noted papers on the "Origin of the colored blood corpusles in man," his researches on the Construction of the dark and double bordered nerve fibre, those on "The development of the smaller blood-vessels in the human embryo," "The structure of the nervous tissues of the human embryo," and a host of other papers, all representing original deductions from personal observations and demonstrating in each and every one of them a thoroughness, depth and accuracy of knowledge, which has deservedly given them a place in the most classic texts on Anatomy, Histology and Neurology. Most of the papers referred to have been contributed to, and eagerly accepted by the leading scientific bodies of Europe and America, for instance, the Royal Microscopical Society of London, the American Association for the Advancement of Science, the American Neurological and Dermatological Associations and by the New Orleans Medical and Surgical Association of

which Dr. Schmidt is so justly an honorary member.

Whilst touching upon the numerous contributions which he has added to the various departments of science, a passing reference cannot be omitted here to one of his latest, most extensive, if not the best of his productions,-his work on "The Pathology and Treatment of Yellow Fever." This book, which, according to a distinguished northern authority, "has created an era in general pathology," is in every sense a home production, in the specific character of its title and subject matter and because its leading and most instructive conclusions are essentially of observations gathcred and investigations made within the walls of this institution. I dwell upon this work because the ablest and most competent observers and reviewers have declared it the most important and accurate text on the histology or minute anatomy of vellow fever. Any reader of this book will see that through its exhaustive and authoritative expositions no changes, whether gross or minute, have been effected in the human organism by the pestilential poison of the tropics that the piercing eye of our laborious pathologist has not discerned and explained. Indeed, since this work has been written we may justly say that further inquiry into the anatomical characteristics of yellow fever, that is, those by which we differentiate this disorder from others, after death, is waste of time, and that the only great problems really offered now by this disease are its prevention and cure, both of which do not, unfortunately, pertain to the domain of Dr. Schmidt.

The merits of this work, through an unfortunate lack of diffusion, are

The merits of this work, through an unfortunate lack of diffusion, are being but tardily appreciated by the profession, but the expert authority of the author has never been more publicly acknowledged than in the recent action of the present Board of Health, whose enlightened members left to his final and decisive arbitration the diagnosis of the much agitated "Patter-

son" case of doubtful yellow fever.

Gentlemen, I have perhaps lingered more lengthily upon the work of Dr. Schmidt than the character of this occasion would indicate or permit, but if I have trespassed the boundaries of good taste in so doing, it was not simply to recall to memory the learned and profitable teachings which his works contain, but to impress upon you (and here I would address myself more particularly to my younger colleagues) the more instructive and practical lesson which his life of labor teaches. Here at least, gentlemen, is an instance among us of a professional man who, in spite of the enervating influence of our climate, of the demands of a numerous practice in earlier days, and of appalling physical infirmities, has found time, and plenty of it, to devote to the higher claims of his professional calling; to sift to their finest grain the truths of nature, and to accomplish a work which, as acknowledged, "not one man in ten millions" is capable of doing.

O, what a magnificent example to the young physicians of New Orleans! How often have not many of us, while seeking shelter from the stupefying heat of the noon-day sun on some cloudless, torrid, summer morning, apostrophized the lethargizing influence of our climate? How bitterly have we all complained of the incompatibility of extremes of heat with extremes of work? For there are indeed extremes of both for the physicians of this city. And who has not denounced the thraldom of the "Benevolent Society" evil, which, by upholding the motto, "A maximum of work with a mini-

mum of compensation," has shortened by over one-fourth the lives of our professional brethren and by reducing in most instances the dignity of the honorarium to the meanness of a ten cent fee, has worn down all their aspirations merely to those which are strictly (alas! to strictly in many worthy instances) demanded in the "struggle for existence." How often, in consequence of these circumstances, have we not felt the sombre mantle of melancholy suddenly gather about us, and closing our eyes in painful meditation, beheld our ambitions, our thoughts of scientific usefulness and progress warped forever and turned only into "midsummer dreams?"

Yet in the midst of this noon-day nightmare, of these disheartening thought, let us revert to our old teacher, our venerated friend, in whose example we shall surely find encouragement and consolation. Watch him as bent with pain and labored step he winds his way through these great halls to his laboratory. Watch him as he slowly but firmly sets to his work, which once begun is so rarely interrupted. It may be either in a scorching day in June, when:

"Vertical, the Sun Darts on the head his fiercest rays."

Or it may be on a chill and bleak December morning when winter's chill boreal,

"Shrinks the freezing flesh."

Yet he is ever at his post; throughout the days and seasons the impersonation of duty and of elevated purpose, a living, grand and perfect model

to present and coming generations!

Dr. Schmidt's life in later years has been an uninterrupted conflict with opposing circumstances, but though they have maimed and hurt him he has ultimately triumphed over them all and fashioned them to his liking. He resolved from the start to succeed in a scientific profession; he came here and had to contend with the same climate which enervates us, with the same clientele that enslaves us, and worst of all, with a malady which would have exasperated, nay annihilated any other and trebly stronger man, and yet what wonders has he not accomplished? Who has not admired those marvels of artistic design and finish which illustrate his works; those exquisite microscopical sections and unequalled dissections—all the handicraft of his weak and stiffened hands!

Indeed it is difficult to follow such an example, for the paths he selects, like those of the Alpine mountaineer are too rugged and too steep for the ordinary traveler to follow, yet remember that by patient and faithful labor—even to the cutting of a foot-hold on a slippery steep—the highest peak can at

last be reached.

So, let us thank him friends, for this noble example which for so many unchangeable years he has held up to the contemplation of his own and the rising generations; for this bracing, animating and wonderful energy of his; and, if only, for the great demonstration that there are among us medical men capable of the highest scientific exertion, even in the field of the most patient and fatiguing original research; and that it is not latitude, but will, persistent determination and talent which makes a man succeed in science, as in all else, whether he be in the South or in the North, or in the East or in the West!

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Closely interwoven with the life-work of Dr. Schmidt, is the event which has determined, if not actually evoked this celebration, an occurrence which gives us general satisfaction and deserves distinct commemoration, we refer to the work which you, honored gentlemen of the Board of Administrators, have completed to-day by the formal installation of your New Pathological Department. This structure which illustrates the enlightened and benevolent spirit which guides you in the management of your great trust which demonstrates how appreciatively you have shared our admiration of Dr. Schmidt's labors and how thoroughly you are convinced of the

benefits which redound from his teachings, is indeed worthy of our special

greeting

It is not within the scope of my capacity or in harmony with this occasion to enter into the details of construction or to describe the conveniences which this new department offers to the student, but I must denur one instant to refer to its benefactions which, though silently exercised, are at the bottom of almost all those that are generally claimed as the direct outcome of this Great Charity. Allow me to premise further statements by an almost axiomatic maxim: that by protecting the interests of science we directly further the welfareof humanity; and again, by another: that the *science* of medicine owes its existence to an exact knowledge of the human structure. With these two propositions in mind, you really hold in hand a ready key to the explanation of this Department's usefulness.

The progress of our science, keeping step with ascending intellection may be measured by the liberty of research and by none more readily than

by that which facilitates anatomical investigation.

Indeed, a pathological department is essential in an institution of this character to reveal the mysteries of the charnel house and to profit by

these revelations for the benefit of mankind.

We surely cannot complain in this instance of the legislators of Louisiana, for it is through the liberal and enlightened privileges accorded by them that we find here a pedestal to our medical education. By sanctioning the practice of dissection and providing the means for anatomical instruction which, managed as it has been with decent privacy and discretion, have served the beneficent purpose intended by the wise and humane lawgivers, without doing wrong to those natural sensibilities which are always to be respected.

Without these privileges and without this Charity Hospital, the hundreds, nay, thousands of medical graduates of the University of Louisiana and of the former School of Medicine would never have acquired, or at least perfected that knowledge and skill as surgeons and physicians for which they are so much respected wherever they dispense their minis-

trations. Men, all, who

"In life's uneven road
Their w lling hands have eased their brother's load,
One forehead smoothed, one pang of torture lesse'd,
One peaceful hour a sufferer's couch they blessed,
The smile brought back to fever's parch ng lips,
The light restored to reason in eclipse,
Life's treasure rescued like a burning brand
Snatched from the dread destroyer's wasteful hand."

Without the facts of the dead-house, the great Warren Stone could not have laid the foundation of that knowledge which made him a prophet at the bedside and allowed him to read the maladies of living subjects with the truthful vividness of a dissection. Without the practice on the cadaver, Smythe could not have startled the medical world with the success of his unparalelled surgical exploits. Without it, the staff of resident and visiting physicians and surgeons of this hospital would not be successfully redressing fractured limbs, saving-injured or crushed extremities, relieving deformities or removing monstrous tumors from the men, women and children who crowd daily at the gates of this mighty asylum to seek and find relief for physical imfirmities.

Neither would we be here to-day to honor our venerated Dr. Schmidt for those original researches which have made this institution famous in the circles of science. None of these, could he have furnished had he lived in the pre-anatomical age, without the elementary, the indispensable knowl-

edge furnished solely by the human cadaver.

Honored gentlemen, by constructing the New Pathological Department, which has just been completed, you have not only greatly adorned this charity, itself the pride of our Crescent City, of Louisiana and of the South, but by facilitating the higher education of the future guardians of the public health you have furthered one of the great interests of society. It is a lasting record of the spirit and confidence with which you contemplate the

present and coming generation of medical men; an enduring proof of the liberality of the citizens of New Orleans, of Louisiana and of friends

beyond the boundaries of this State.

A monument to the memory of your predecessors, who, nineteen years ago, had the enlightment to add a pathologist to the list of officers of this institution, and much more to select such a one as our beloved Dr. Schmidt. A monument, in fine, to all who have helped to sustain the usefulness and dignity of the noblest mansion of charity in the South.

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Whoever visits the Charity Hospital, whether he be a curious traveller, or a plaintive seeker of its blessings, or an eager searcher of its teachings, must pause with reverence and gratefulness as he contemplates the massive marble, in the central corridor, upon which, traced in indellible characters of gold, he will read the names of Almonaster y Roxas, of Boré and of Poydras, the founders of this benefic structure and its most munificient supporters. In the executive building, the venerable countenance of the generous Poydras also greets the beholder, and in this library, surrounded on all sides by a cohort of pensive sages, as if jealously guarding one of the most illustrious scions of the great Father of Cos, stands in bold relief the majestic image of our great Warren Stone!

These tablets, these portraits, these sculptured forms are all clearly the handiwork of reverence, of admiration and of gratitude for those whose generosity gave birth to this consoling home of the sufferer and the for great men, whose genius sought to realize to their utmost, the dreams of the

philanthropist.

Inspired by thoughts akin to those which spring from these grateful surroundings, the medical profession of New Orleans now avail themselves of the formal inauguration of your New Pathological Department to add the portrait of its founder and honored head to your limited, but significant and select gallery. This permanent testimonial of our admiration for his great lifework, which you now recognize in the artistic production before you, we entrust to your safe-keeping, that you may enshrine and preserve it within the walls of the modest temple you have just consecrated to the culture of the purest of sciences. There, in sleepless watchfulness the master will see his work go on. There also, in coming ages, the plodding votary of Science, if weary with toil or perplexed by the difficulties of his task, will revert to the benign and loving image of his great predecessor, where he shall find not only inspiration and comfort, but a fervent, if unuttered benediction for his labors.

* *

Dr. Schmidt—It was a custom in the martial days of ancient Rome, to wait for a victorious general to urge his claims, to recount his exploits and exhibit his conquered trophies before his title to a triumphal honor could be accorded to him by his admiring countrymen. You, honored sir, also a victor in the more profitable but less pretensious warfares of modern science, have, contrary to ancient practice, been roused from the depths of your learned meditations and called away from the field of your skillful manœuvres to be startled by an unsought, unasked, but spontaneously tendered ovation. Since you have heard what has been said, you have become acquainted with our motive for meeting here to-night and the selection of this day for our celebration. And, though your sensitive and retiring nature may have shrunk from this public demonstration of our enthusiastic admiration, we trust that during the many years of life which we fervently hope are still before you, the memory of this evening's greeting will prove a "fount of ever-flowing pleasure." Certainly we hope that this night's manifestation will partly counteroalance those aching hours and days during which, while struggling with the most intricate problems of nature, as a pioner investigator, you labored in lonely seclusion, without encouragement, without stimulus beyond that which your ardent love of

science gave you. Those days we have reason to believe were short and have long since ended, yet, if we are mistaken, and they have been long and dreary, let us hope that they have been drowned in the dazzling brightness of the more luminous days that have followed. As we congratulate you to-night upon the successful realization of your most cherished dream, the firm implantation of the study of pathology in New Orleans, and as we thank you for your life-work of toil, for your teachings and sacrifices in behalf of the mother science we once more pray that you may be spared to us, for many long, and useful years, for though

"We confess
This life that men so honor, love and bless
Has filled [Time's] olden measure. Not the less
We count the precions seasons that remain;
Strike not [O, Nature!] the level of the golden grain,
But heap it high with years that Earth may gain
What Heaven can lose, for Heaven is rich in good men."

But when Life's amplest measure is filled and the throbbing heart has been stilled forever, and all has faded that the evening sunset gilds.

"Then, when his summons comes, since come it must, And looking heavenward with unfaltering trust, He wraps his drapery around him for the dust, His parting glunce will show him o'er his head "—

Emblazoned in diamond characters, glittering with starry radiance amid the closing darkness, the prophetic scroll of the ages:

"Thou hast achieved a tower of fame,
More durable than gold,
And loftier than the royal frame
Of pyramids of old,—
Which none inclemencies of clime,
Nor fiercest winds that blow,
Nor endless chang ', nor lapse of time,
Shall ever overthrow!"

"The unveiling of the portrait, which was an admirable production by the artist, J. Genin, was received with acclamations of approval, which attested its fidelity to the subject represented, and then Dr. Thomas Layton, President of the Board, in a very appropriate but brief address, responded to the eulogium on Dr. Schmidt, and accepted the painting in trust for the Hospital Board. He said it was astonishing that the scientific world had gone so long without the aid of the microscope, and despite the generations, centuries and ages, during which medical science has been studied, it was only in the very near past when men by the aid of the microscope had first learned the nature of the human ovum and had penetrated the physiological mysteries of the generation of the species."

"The doctor said he could not speak too strongly of the importance of the scientific discoveries and the professional services of Dr. Schmidt to the medical profession, and he expressed the hope that the distinguished gentleman might be spared for many long years to adorn the profession and

to further its scientific aids and attainments."

"At the close of his remarks the ceremonies were concluded, and Dr. Schmidt was made the subject of numerous personal congratulations by his friends."—N. O. Pic.

Poor Nussbaum is such a cripple that he cannot walk without the aid of an assistant, and is wheeled through the hospital in an invalid's chair. He is a sufferer from hipjoint disease, has had his legs and his back broken. His pinhole pupil and absent-minded dreamy style would seem to indicate that he was under the influence of an opiate. All in all, he is a peculiar and remarkable man. Every one about him seems to love and honor him, and his treatment of us was more than polite. As he was conducted from his wheeled chair and led upon the arms of two assistants through the wards, patients thanked him and blessed himand once or twice kissed his hand. He speaks in an absent, minded way, often repeating his words over and over, and is profuse in expressions of tenderness to all about him. He is a great admirer of Lister, whom he says has made the only grand discovery in surgery during the past decade.-N. W. Lan.

Dr. WILLIAM OSLER, of McGill University, Montreal, is prominently and favorably mentioned in connection with Professorship of Clinical Medicine in the University of Pennsylvania, rendered vacant by the transfer of Dr. Pepper to the Chair of Theory and Practice of Medicine. Dr Osler is widely known as a talented scholar, a learned clinician, and a popular teacher, and his election, which it is understood will be very acceptable to the Medical Faculty, would add undoubtedley to the high reputation which the University has always enjoyed.

Dr. Osler has just been invited to deliver, next spring, the Gulstonian lectures before the Royal College of Physicians of London of which body he was elected a Fellow in May,

1883.-Med News. Aug. 9.

Dr. R Bartholow claims that tannate of cannabine is second only to opium, and is the nearest approach to a substitute for the latter yet proposed.

SIR LYON PLAYFAIR, in the British House of Commons, said there was a district in London containing a population of 278,000 to the square mile.

American gynæcologists are divided by a London cynic into two classes: 1, those who slit the cervix; 2, those who sew it up.

Dr. John W. Mallet has finally accepted the chair of

chemistry in Jefferson Medical College.

Dr. Mallet is known throughout the scientific world for his solid learning and practical skill as a chemist, and for the value of his original investigations. As a teacher he has been eminently successful. He always gains the love and respect of his students and has an extraordinarily happy faculty of imparting his knowledge.

In addition to his professional and literary attainments, he is socially, fitted to command the admiration of all

who meet him.

Dr. Mallet came to America some few years before the war. During that struggle he was enlisted on the side of the South, serving part of his time as chemist in charge of

powder manufacturing and part in the field.

After the war he was elected Professor of Chemistry in the University of Louisiana, which chair he held until 1868, when the ill health of his wife induced him to accept the same position in the University of Virginia. At that school Dr. Mallet has done some of his best work and his loss will be severely felt. He remained in Virginia until 1882 (about) when he temporarily accepted the chair of chemistry and the Presidency of the University of Texas. This move was partially prompted by desire to be near his eldest son who was an invalid and had been ordered to the Southwest in the hope of benefit.

The young man continued to fail, however, and finally succumbed to his malady. After his affliction Dr. Mallet returned to Virginia, whence he has just gone to Philadel-

phia.

Dr. Mallet is Ph. D. of Göttingen, an M. D. of the University of Louisiana; F. R. S. Eng., F. R. C. S. and LL. D. of William and Mary.

The intelligence of the death of Surgeon Joseph J. Woodward, U. S. A., which occurred near Philadelphia, on the 17th inst., will be received with sorrow by the profession which he so highly adorned. His valuable labors in connection with the Medical History of the War and the organization of the Army Medical Museum, together with his numerous contributions to our science and literature, have given him wide-spread reputation, and it is a cause for profound regret that in the very prime of life his brilliant career should have been thus abruptly ended.

METEOROLOGICAL SUMMARY—AUGUST. STATION—NEW ORLEANS.

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DATE.	Daily Mean Barometer.	Daily Mean Temp'rature	Daily Max.	Daily Min.	Daily Rain- fall, inches.	General Items.
I	30.007	81.2	00 0	70.1	LOI	Highest Barometer, 30.141. 21st.
	30.05					Lowest Barometer, 29.835. 30th.
3	30.092					Monthly Range of Barometer, 00.306.
4	30.021					Highest Temperature, 93.4. 29th.
	29 963					Lowest Temperature, 65.5. 8th.
5	29.949	77.5	82.6	68.5		Greatest daily range of Tempert'e, 19.1.
7	29 969					Least daily range of Temperature, 8.6.
Ś	30 032	80.7	84.6	65.5		Mean daily range of Temperature, 13.7.
9	30.049					Mean Daily Dew-point, 70.3.
10	29.980					Mean Daily Relative Humidity, 68.9. Prevailing Direction of Wind, Northeast
II	29.928					Total Movement of Wind, 4372 Miles.
12	30.007					Highest Velocity of Wind and Direc-
14	30.033					tion, 34 Miles, Nortwhest.
15	30.027					No. of foggy days, o.
16	30.002	81.9	87.7	73.7		No. of clear days, 13.
17	30.010	81.8	86.5	74.4		No. of fair days, 16.
18	30.022	180.8	87.3	74.2	1 .05	No. of cloudy days, 2.
19	30.059					
20	30.091					
21	30.103					
22	30.077					COMPARATIVE MEAN TEMPERATURE, 187384.2 1879
23	30.058					187483.9 188081.3
24 25	30.047					1875
26	30.078	85.0	01.3	78.8		1876
27	30.045	185.7	92.0	77 -0)	187783.1 188383.3
28	29.963					187883.5 188482.3
29	29.892	87.3	93.4	178.2		
30	29.865					COMPARATIVE PRECIPITATIONS.
31	129.895	51.2	86.3	74.0)	(Inches and Hundredths.)
C		-		-	008=	1873 8.30 1879 10.44 1874 4.82 1880 4.60
Means	30.010	82.4	88.0	74.4	10001	1875 8.61 1881 4.21
MEalls	30.010	04.4	30.6	74.4		1876 4.44 1882 9.47
						1877 2.51 1883 4.12
		1		1	1 '	1878 5.31 1884 0.87

M. HERMAN, Sergeant, Signal Corps, U. S. A.

MORTALITY IN NEW ORLEANS FROM AUG. 23RD, 1884, TO SEPT. 27TH, 1884, INCLUSIVE.

Week Ending.			Consump- tion.		monia	
Aug. 30th	0	1.4	12	0	I	120
Sept. 6th	()	2.2	1.2	2	3	131
Sept. 13	0	19	23	I	1 4 .	134
Sept. 20	()	II	11	()	Ţ	112
Sept. 27	0	13	14	()	1	100
Total	0	79	72	3	10	597

LACTOPEPTINE

DEMONSTRATED SUPERIORITY OF LACTOPEPTINE AS A DICESTIVE ACENT.

Certificate of Composition and Properties of Lactopeptine by Prof. Attfield Ph. D., F. R. S., F. I. C., F. C. S., Prof. of Practical Chem. to the Pharmaceutical Society of Great Britain.

LONDON, May 3, 1882.

Lactopeptine having been prescribed for some of my friends during the past five years—apparently with very satisfactory results—its formula, which is stated on the bottles, and its general characters, have become well known to me. But recently, the manufacturer of this article has asked me to witness its preparation on a large scale, to take samples of its ingredients from large bulks and examine them and also mix them myself, and to prepare Lactopeptine from ingredients made under my own direction, during all this with the object of certifying that Lactopeptine is what its makers profess it to be, and that its ingredients are in quality the best that can be obtained. This I have done, and I now report that the almost inodorous and testeless pulverulent substance termed Lactopeptine is a mixture of the three chief agents which enable ourselves and all animals to digest food. That is to say, Lactopeptine is a skillfully prepared combination of meat-convecting, factoenverting, and serro-convecting materials, acidified with those small proportions of acid that are always present in the healthy stomach; all being disseminated in an appropriate vehicle, namely, powdered sugar of milk. The acids used at the factory—lactic and hydrochloric—are the best to be met with and are perfectly combined to form a permanent preparation: the milk sugar is absolutely pure; the powder known as "diastase" or statch-digesting (bread, potator, and pastry-digesting) infactial, as well as the "pancreatine," or fat-digesting ingredients, are as good as any I can prepare; while the pepsin is much superior to that ordinarily used in medicine. Indeed, as regards this chief ingredient, pepsin, I have only met with one European or American specimen equal to that made and used by the manufacturer of Lactopeptine. A perfectly parallel series of experiments shewed that any given weight of acidified pepsin, alone, at first, acts somewhat more rapidly than Lactopeptine containing the same weight of the same pepsin. Sooner olater, however, the acti

JOHN ATTFIELD.

LACTOREPTINE contains all the agents of digestion that act upon food, from mastication to its conversion into chyle, thus combining all the principles required to promote a Healthy digestion.

One of its chief features (and the one which has gained it a preference over all digestive preparations) is, that it precisely represents in composition the natural digestive inners of the -tomach pancieus and sahwary giands and will therefore readily dissolve all foods necessary to the recuperation of the human organism.

FORMULA OF LACTOPEPTINE.

LACTOPEPTINE is sold entirely by Physicians' Prescriptions, and its almost universal adaption by physicians is the strong est guarantee we can give that its therapeutic value has been most thoroughly established.

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ALFRED F. A. KING. M. D., Washington, D. C., Prof. of Obsterles, University of Vermont.

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ALFRED F. A. KING. M. D., Prof. of the Science and Art. of Surg and Chiefal Sur, University of Louisville, Ky.

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AND SATTERIARY M. D. Prof. of Charteriae, Advantage of Chiefal Sur, University of Louisville, Ky.

ALFRED F. A. KING. M. D., Prof. of the Science and Art. of Surg and Chiefal Sur, University of Louisville, Ky.

AND SATTERIARY M. D. Prof. of Charteriae, Advantage of Chiefal Sur, University of Louisville, Ky.

ACHAIN MEGGS, M. D., Philadelphia, Pa., Prof. of the Institutes of Med. and Med. Juris., Jeff. Med.College; Phy. to Penn.

Happirol.

W. W. DAWSON, M. D., Cincinnati, Ohio, Prof. Prin. and Prac
Paper, H. C. BARTLETT, Ph. D., F C. 8, London, England.

W. W. DAWSON, M. D., Cincinnati, Ohio, Prof. Prin. and Prac-

Haspital. V. W. DAWSON, M. D., Cincinnati, Ohio, Prof. Prin. and Prac. Surg., Med. Col. of Ohio, , Sur. to Good Samaritan Hospital.

Paor. JOHN ATTFIELD, Ph. D., F. R. S., F. I. C., F. C. S., London, Eng., Prof. of Prac. Chem. to the Pharmaceutical Society of Great Britain

For further particulars concerning Lactopeptine, the attention of the Profession is respectfully directed to our 37 page Pamphlet, which will be sent on application

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VOL. XII.

NOVEMBER, 1884.

No. 5.

THE NEW ORLEANS



MEDICAL AND SURGICAL

JOURNAL.

EDITED AND PUBLISHED BY

THE NEW ORLEANS MEDICAL PUBLISHING ASSOCIATION.

flew Series—Published Monthly at \$3 per Annum, in advance. Single Copies, 30 Cents.

> Paullum sepulta distat inertia Celata virtus.—HORACE.

DISCLAIMER.

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Simpolitie is a combination of Tonga with powerful salicylates, whereby the remedial properties of the Tonga are secured and increased. Each fluid drachin of Sympolities represents: Tonga, 30 grains; Extractum Cimicfugae Racemosæ, 2 grains; Sodium Salicylate, 10 grs.; Pilocarpin Salicylate, 1-100 grain; Colchicin Salicylate, 1-500 grain.

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In acute cases every hour until pain ceases, then discontinue. regular intervals. To prevent recurrence, every two hours. DOSE: Teaspoonful. In chronic forms four to six times per day at regular intervals.

St. Paul, Minn., Nov. 16, 1883.

I am prescribing Sunch we with satisfactory results. For the indefinite aches and pains of nervous patients it is superior to any other anodyne. For nervous headache or muscular rheumatism it is almost a specific.

PARK RITCHIE, M.D.

Cleveland, Ohio, July 30, 1883.

have used your preparation, Souscourse, extensively, and have been well satisfied with its results. You are to be congratulated on the value of the article which you offer to physicians. sicians, R. A. VANCE, M. D.

Plainfield, N. J., March 11, 1884.
Have used Soucestane constantly for some months both in private and hospital practice, and found it all I could have desired.

C. M. FIELD, M.D.

St. Louis, July 20, 1883. I have found Sougarine a useful combina

tion in rheumatic neuralgia.
C. H. HUGHES, M.D.

Louisville, Ky., June 12, 1883.

I have used Sougarde during the past few weeks in neuralgic affections, many of them it a severe form, with the most gratifying results and these results have been quite uniform.

T. S. BELL, M.D.

Cincinnati, March 11, 1884.

Have used Dougetime in cases of neuralgic headaches with success in almost every instance In strictly neuralgic forms it is unexcelled.

O. D. NORTON, M.D.

A. MELLIER, Sole Proprietor, ST. LOUIS.

NEW ORLEANS MEICALD AND SURGICAL JOURNAL.

NOVEMER, 1884.

PRIGINAL PAPERS.

The Cure of Crooked Noses by a New Method.

Read before the Philadelphia County Medical Society, September 17, 1884.

By JOHN B. ROBERTS, M. D.

I present this patient to the Society, to show the manner in which I treat the very disfiguring lateral deformity of the nose, so often seen after falls or blows which have fractured the septum and cartilages. The method is, I believe, original. It is certainly attended with very little inconvenience to the patient, who, after recovering from the anæsthetic, can at once attend to his occupation, without wearing any apparatus to call attention to the surgical procedure by which his crooked nose is being made straight and shapely. The usual advice given to patients with deformed noses, from nasal fracture sustained in childhood or later, is to undertake no surgical treatment, but to become reconciled to the disfigurement of feature as best they may. This is, I am sure, improper advice. The cosmetic objection to a crooked nose is cogent; and moreover, obstruction of one nostril, from the displaced cartilages, is a frequent accompaniment of such lateral deviation of the tip of the nose.

This man sustained, ten years ago, a fall upon his face, from which he recovered, with the end of the nose bent to the right, and with considerable obstruction of the left nostril. I operated on him day before yesterday. You see now a straight nose, and nothing to call attention to the

operation, except a small piece of black court-plaster a little to the right of the nasal bridge. Just within the right nostril, close inspection reveals the head of a pin, situated on the side of the septum, near the columella. The method of operation, therefore, is not objectionable on account of making the patient unpleasantly conspicuous during treatment. This evening I merely wish to show the man, and refer to my method of dealing with such cases, because at a later time I hope to bring the subject of curing nasal deformities before the Society in a more formal and elaborate manner. Then, I may have no patient undergoing straightening of the nose, to illustrate the remarks.

Replacement of the deformed structures in this case was very simple. With a scalpel introduced through the left nostril, I perforated the cartilaginous septum at its upper and back part, and made a long incision through it in a direction downwards and forwards. This permitted me to push the whole cartilaginous portion of the nose to the left, and overcome to a great extent the lateral deformity. To retain the parts in this position, I introduced a steel pin about one and one-fourth inches long, into the right nostril, and passed it completely through the anterior and upper segment of the divided septum, near the columella. Having the movable portion of the septum thus transfixed, I was enabled, by carrying the head of the pin to the left, to move the anterior part of the nose to the left, and retain it there by imbedding the point of the pin deeply in the immovable cartilaginous septum and mucous membrane at the back of the left naris. In other words, I incised the deformed cartilage, and pinned it in position very much as you would pin a flower in the button-hole of a coat. There still remained a little deflexion of the end of the nose to the right, which seemed to be due to mal-position of the lateral cartilage close to the right nasal bone. With a tenotome in the right nostril, I pared the cartilage loose, without perforating the skin, and pinned the parts over to the left by a second pin inserted from the cutaneous surface of the dorsum on the right of the median line. The point of this pin was fixed by having its point imbedded in the tissues of the left naris. It is the head of this second pin that is covered by the small square of court-plaster. The correction of the angular deformity of the septum removed most of the occlusion of the left nostril, which had greatly annoyed the patient.

I have thus given an idea of the method which has, I believe, great capability for relieving unsightly nasal deformities. The novelty consists merely in pinning the parts in position until cicatrization takes place. Endeavors have occasionally been made, as by Mr. Adams, Dr. Weir, and others, to hold deflected noses in position, after operation, by the use of clamps, rods attached to the forehead, adhesive plaster, plugs, and similar devices. All of these are objectionable, because so conspicuous and troublesome, and would probably be adopted only in instances of great deformity. The pin method, however, leaves no noticeable scar, is not troublesome to the patient, and is applicable, therefore, even to those slight deformities, whose chief annoyance is an æsthetic and cosmetic one. I leave the pins in position for about two weeks.

A few years ago, Dr. Mason, of Brooklyn, recommended the use of steel needles to hold the nasal bones in position, when, after recent comminuted fracture, it was difficult to keep the fragments sufficiently elevated. He transfixes the nose below the depressed fragments, and carries a piece of plaster or a rubber band across the external surface of the bridge from one end of the needle to the other. The needle acts as a girder to tie the base of the nasal arch and prevent its falling in. This is a different use of the pins or needles from that which I am describing, and for a different purpose.

I have pins of lengths varying from one inch to two and one-fourth inches, and with flat heads, so that there will be little projection under the court-plaster to attract attention when the patient is in public. The heads are square, that the pins while imbedded may be, if necessary, readily rotated by the fingers.

When the deformity is in the osseous portion of the nasal bridge, section with small chisels is usually necessary. Discussion of this topic, however, would carry me beyond the limits of the present subject.

Free incisions are essential in obtaining good results in cases of nasal deformity such as was exhibited by this patient. The surgeon must not spare the knife and thereby spoil the nose. Secondary operations may sometimes be required to get the best results. If a simple incision did not allow proper adjustment, I should excise portions of the cartilage with the oval punch or the scalpel, or make multiple stellate incisions with the stellate punch, and so produce general flexibility of the cartilage.

Recurrence of deformity would, I think, be less likely to occur after free incision, pinning and cicatrization, than after simple dilatation, with or without incision with the

stellate punch.

Foreign body in the interior of the left Eye, of three years' duration, causing Sympathetic Ophthalmia of its fellow. Removal of the foreign body—full recovery of the right Eye—marked improvement of the left Eye.

Read before the Philadelphia County Medical Society, September 17, ISS4,
By M. LANDESBERG. M. D.

I have the honor to exhibit to you, Mr. President, to-night, one of the most interesting cases I have ever had the good luck to meet with in my practice.

This gentleman, 41 years of age, had the misfortune of being struck by a splinter of metal in his left eye, July 13, 1881, about six weeks after he had come to this conntry. Blindness set in within ten minutes after the accident. He applied on the same day at Wills' Eye Hospital, where he was advised to have the eye removed at once. Not quite relishing this prospect, he went to the Jefferson Medical College, where he was admitted for treatment after he had refused the enucleation, which was also at first proposed to him. There he remained for six weeks, during which

time the incident inflammation passed off entirely. The globe was preserved, but vision was not restored. He enjoyed good health until March, 1882, when the first symptoms of sympathetic disorders began to develop in the right eye. Asthenopic troubles made their appearance, followed by sensitiveness to light and photopsies. The acuteness of vision gradually diminished as well for distant as near objects.

And now he began his wanderings from one oculist to the other; he hardly spared one, if I have to believe his testimony. Nothing was done for the benefit of the right eye, which changed from bad to worse. Enucleation of the left eyeball was pronounced by all authorities as the ultimate ratio by which the condition of "nervous irritation"

in its fellow might possibly be checked.

When I saw the patient for the first time, September 5, 1883, I ascertained the following condition:—

No irritation whatever in either eye. Vision of the right eye was 10-20; with convex 40, 10.15. Pupil of normal shape, but of somewhat sluggish reaction; accommodation is impaired in consequence of paresis of the accommodative muscle. With naked eye patient reads Jaeger 13 at about fifteen inches distance: with the help of convex 10, Jaeger 3 at eight inches. Field of vision and tension are normal. There exists an eccentric positive scotoma, outside of the point of fixation. The subjective complaints are of photopsies and scintillations. Ophthalmoscopic examination reveals no morbid changes.

Left eye counts fingers at two feet peripherically outwards. The cornea shows a linear horizontal cicatrix on its lower third, running from the outer corneal margin towards the pupillary region. The lower half of the iris is disorganized and presents in its middle a funnel-shaped depression and close to its temporal border a mound-like elevation. The pupillary margin of this segment of the iris is connected by three blackish filaments with the dense opaque whitish membrane, which stretches across the whole pupillary plane, filling up the latter to the greatest extent, even after the pupil had been dilated by a mydriatic.

The presence of the above-described "depression" and "elevation" in the lower half of the iris, which were situated just opposite the corneal scar, aroused my suspicion that the foreign body might possibly lay imbedded

in this region. An operation for the removal of the foreign body seemed to me to be a matter worth trying at first, by which nothing was risked and everything might be gained. The enucleation of the eyeball I regarded as the last expedient to which I would resort if I should be baffled in my intentions.

I spoke with the patient to this effect, telling him that I must have full liberty to act according to my best judgment and to be allowed to enucleate the eyeball if I should fail to extract the foreign body.

He took time for deliberation and reflection until May 19, 1884, when he returned in the following condition. In the meanwhile he had repeated and completed his circuit among the specialists.

Vision of the right eye 10-30; with convex 60, 10-20; complete paralysis of the muscle of accommodation. With the naked eye he reads Jaeger 16 at eighteen inches distance; with the help of convex 10, Jaeger 5, at ten inches. The shape of the pupil is normal, its reaction sluggish. The visual field is somewhat limited in the upper sector, and its outer-upper quadrant is occupied to the greater extent by the eccentric positive scotoma. Patient sees all objects as through a veil, and is greatly annoyed by photopsies and scintillations, and by the perception of a bluish flame, which constantly occupies the centre of the visual field. He complains besides of the most various abnormal sensations in and around the globe, of a feeling of pressure in the depth of the orbit against the eyeball, of pains in the temples and forehead, of sensitiveness to light, etc.

The ophthalmoscopic examination reveals venous hyperæmia of the retina. Optic disk is pinkish red, of some-

what indistinct tints.

The condition of the left eye has not changed.

I operated upon the left eye in the following manner:

I made a section at the sclero-corneal border, just within the limits of the morbid changes in the iris, introduced Liebreich's ris-forceps, grasped the whole segment of the iris, which contain the "depression and elevation," drew it out and cut it off. No foreign body was found in the excised piece of iris. Now I again introduced a pair of forceps, caught the membrane, which covered the whole pupillary region and managed to remove it entirely. On inspection a small oblong piece of metal was found imbedded in the posterior surface of the lower end of the membrane. Considerable hemorrhage followed the operation and a few drops of vitreous escaped from the wound.

A compressive bandage was applied on both eyes.

No reaction whatever followed the operation and the healing process took place most favorably. The bandage was removed on the third day.

When I examined the patient on the eighth day, the condition was as follows:—

Vision of the right eye 12-15; with convex 72, 12-12, Jaeger 12 is read at fourteen inches distance, with the naked eye. Subjective complaints greatly abated. No photophobia and lachrymation. Scotoma somewhat more transparent.

The left eye shows a very fine artificial pupil. The hemorrhage in the anterior chamber is only partly absorbed. Vitreous contains blood and dense floating opacities.

This remarkable improvement in the condition of the right eye had taken place without any other influences having been brought to bear upon but the extraction of the foreign body. I abstained from all therapeutics during the eight days, and no more forcible proof of the sympathetic nature of the affection can be adduced than the spontaneous recovery after the cause of irritation had been removed.

An alterative and derivative treatment, which I now instituted, had the following effect:

Vision of the right eye is at present 12-8. The pupil is of normal reaction, the accommodative paralysis has greatly improved. His punctum proximum is at fifteen inches, and he reads, with the help or convex 10, the finest print (Jaeger 1) at six inches distance. The visual field is normal and the scotoma has contracted to an oblong rod of about two inches in length and of one-eighth inch in diameter. This scotoma is transparent and does not interfere with vision. All subjective complaints and perceptions have vanished, with the only exception of the bluish flame, which, however, but faintly and only occasionally appears in the visual field. Background of the eye is normal.

Vision of the left eye is 1-16, and may possibly improve still more in the future. There still are large floating opacities and some bloody streaks in the vitreous. The background of the eye can only dimly be seen. There are morbid changes in the retina and choroid, due to inflammatory processes which had taken place in these parts.

You have, gentlemen, before you a case in which a foreign body had penetrated into the eyeball, causing traumatic cataract and consequent morbid changes in the ureal tract and retina. The lens is absorbed, and a thick opaque membrane (secondary cataract) obstructs the whole pupillary region. The foreign body remains imbedded in the posterior surface of the lower end of this membrane for nine months, without doing any harm. Then the right eye begins to show symptoms of sympathetic trouble. Amblyopia and paralysis of the muscle of accommodation develop. And while these morbid changes of the most serious character take place, no inflammation proper, no objective irritation, can be observed in either eye. The injurious influences, which have continued to work for two years, are checked at once by the removal of the foreign body. The secondary affected eve makes a marvelous recovery, which far surpassed all my hopes and expectations. Such a vision of 12-8 is only met with in very rare instances; and the primary injured eve, which was not considered worth while being preserved, improves to such a degree as to enable the patient, should he have the misfortune to lose his right eye, to find his way in the streets, to recognize faces, to distinguish features, and eventually to gain a living by peddling, etc., if need should be. This case may justly be called a triumph of conservative surgery.

Notes on a Case of Poisoning from Mrs. Winslow's Soothing Syrup.

Read before the Philadelphia County Medical Society, September 17, 1884.

By A. B. Hirsh, M. D.

With the object of adding my quota to the list of serious accidents resulting from the indiscriminate sale of secret medical preparations, I gathered the notes of the following case:—

Mrs. A. H. L. took her 20-months-old boy to visit some friends, aud, while there, they (all unknown to her) fed him some unpealed apple and other indigestible material. Being colicky all that night and next morning, she was persuaded by a "friend" to purchase a two-ounce vial of the nostrum sold as "Mrs. Winslow's Soothing Syrup," and of this gave him half-teaspoonful doses, as the directions called for, although she insists half of each quantity

was spilt through his struggling,

He took, therefore, the first dose at 4 o'clock on Sunday afternoon (Aug. 24), and, there being no effect, another at 8; then dozing but not sleeping from this time till 3 next morning, the pain starting him again to whining, he was dosed at 5; still crying on, three-quarters of an hour later the final similar amount was administered. The mother soon became alarmed at the marked stupor which had now set in. He would touch none of the breakfast placed before him, Mrs. L. said: although sitting upright in his high chair, his head hung listlessly and he recognized nobody.

I saw him at 7.45 A. M. and found marked symptoms present of poisoning by some narcotic drug. The pupil was contracted down to the typical pinhead: stupor was unmistakable: respiration was very slow, gasping and shallow, while at irregular intervals he would take two or three rapidly succeeding deep sighs: the pulse was rapid and small; the extremities were cold throughout the case. Taking all these symptoms into consideration, and the fact that the breath bore the peculiar odor of an opiate, I felt warranted in treating the case for one of poisoning by some preparation or derivative of that drug.

The stomach and bowels were emptied at once; frequent cold sponging was ordered, with wet cloths placed on the nape of the neck whenever great trouble existed in keeping him awake. Tr. belladonna was given hourly in aqueous solution. The parents were directed to keep him awake,

by all means.

By noon he would begin to lift the cyclids a little, but relapse into a sort of doze by 2 p. M. Despite all their efforts, he fell once more into a stupor by 6. Calling about this time, I insisted on the mechanical exercises being continued, feeling encouraged by the somewhat improved breathing and that I succeeded a little while later in arousing him. As the pupil had now slowly begun to dilate, the medicine was ordered to be given every half-hour, or

twice as often as before. By 11 he began to lighten up, and, on calling half an hour later, I found him languidly trying to push his ball around the table upon which he sat; the pupils were widely dilated and respiration free. He was allowed to sleep, with slight interruptions from midnight until 6 A. M., after which the child showed his great thirst by frequent demands for ice-water. Incoordination of the voluntary muscles now became noticeable and continued until next morning. A typical belladonna rash was now likewise beautifully shown, also to disappear in time. He slept for two hours about noon, being exceedingly irritable afterwards, but, excepting the use of a tonic, required no other treatment.

As stated in the beginning of the notes, this case is merely placed on record to help expose an existing evil, believing that continuous agitation will finally induce the intelligent public to demand the regulation of the sale of patent medicines: a fact concerning which there never was any doubt in the profession.

A fatal result would inevitably have here occurred had no treatment been instituted, and I feel convinced that many such cases happen in our midst, which should be reported; incidentally conversing with both Drs. Schoales and Blackwood, I heard of such occurring in their respective practices, and should be glad to hear more fully of those from the gentlemen.

The case is the more pertinent at this time when any fakir or shopkeeper may legally retail unlabeled poisons in the guise of patent medicines, while one of our inconsistent laws is now being so interpreted as to inform the patient that, in very many cases, his doctor has prescribed him medicine containing poison.

A Case of Fruhjahr-Catarrh.

Read before the Philadelphia County Medical Society, September 17, 1884,

By Howard F. Hansell, M. D.

Michael Wood, æt. 12, applied at the Southwestern Hospital, in the early part of July, on account of inflammation of the eyes. His father, who accompanied him, stated

that every spring, as soon as the cold weather had gone, Michael's eyes began to grow red. This statement is indefinite, but, as far as I can learn, is strictly true, for its advent is simultaneous with the onset of warm weather, whether it be in March or delayed until May. The eves slowly grew worse during four weeks, when the acme was reached. The patient should be seen in the middle of the summer; then the disease is at its height, and the eves present a remarkable appearance. However, the fall is not yet far enough advanced to have obliterated all the characteristic signs of his affection. These peculiarities are described by Arlt in his "Klinische Darstellung des Auges," and by Saemisch in Graefe and Saemisch's "Handbuch der Augenheilkunde," in almost the same words. There is an elevation of the edge of the cornea, caused by infiltration of a gray, yellow pulpy mass. On the limbus or margin are found small, gland-like, solid, light gray or yellow, somewhat transparent bodies, which appear on the nasal or temporal side, or both together, and slowly encroach on the bulbar conjunctiva. As they grow along the edge, they advance on the transparent part of the cornea, and are sharply lined from it, while they imperceptibly fade into the conjunctiva. They are tough, immovable deposits, and do not yield to the probe. conjunctiva in pronounced cases has lost its transparency, and its enlarged vessels run into the elevations on the cor-The color of the conjunctiva differs from that of inflammation, as well as from the normal; it is steamy, dull, pale red, wanting the freshness and liveliness of acute catarrh. This is due to the light serous infiltration of the part.

This condition of the conjunctiva is called by German authors, "Frühjahr-Catarrh," and is without a name in English. The title is a bad one, because the affection is not a catarrh, neither does it exist only in the spring. It is a periodic or annual hypertrophy of the conjunctiva and the neighboring section of the cornea. An acute catarrh may be associated with it, as was in this case during part

of July. This rapidly disappeared under treatment. The hypertrophy, however, resisted all treatment. For several weeks I kept the eyes under atropia, and three times each week I applied a crystal of sulphate of copper to the lids without the slightest benefit. Since August 1 the treatment has been stopped. The disease continues to appear regularly at the beginning of warm weather, reaches its maximum intensity in four weeks, disappears after the first snow, leaving no trace. This is repeated for a period usually of four years, although it may run on many years longer.

Treatment has little or no effect; the only references which I have been able to find are the two mentioned above, although I have searched the works of Stelwag, Carter, Schweigger, Jacobson, and Soelberg Wells.

DISCUSSION ON FRUITIAHR-CATARRH.

Dr. E. O. Shakespeare: I have seen this affection a few times. It is one which I supposed to be peculiar to the spring of the year, having in my mind two cases that so occurred, but I have seen one which appeared semiannually. As to the pathology, I am at a loss to form an adequate understanding.

Dr. Sajous: I would like to know if there was much pruritus.

Dr. Hansell: These cases occur very rarely in this country. Dr. Harlam, to whom I sent the case, in his many years of clinical experience at Will's Hospital had never seen a single instance of it. Neither have I been able to find any reference to it among American writers. In answer to the question as to its connection with hav fever, I may say that this disease has a different history and pathology, and in the reported cases has been associated with no other affection. It bears a closer resemblance to pterygium than to any other eye disease.

DISCUSSION ON CASE OF REMOVAL OF FOREIGN BODY FROM THE EYE,

Dr. E. O. Shakespeare. This is a case of more than ordinary interest from many aspects, and Dr. Landesberg has rightly called it a triumph of conservative surgery. It is well known that a foreign body may remain in place many months or years before showing sympathetic irritation. The whole case, while an illustration of the benefits of conservative surgery, also shows the advisability of gaining the patient's consent to enucleation, if necessary, before the search has been begun. These cases may, however, cause, in the minds of the laity and members of the general profession, erroneous impressions of the absence of danger from foreign bodies in the eye.

Dr. Roberts: We should give Dr. Landesberg great credit for his acumen in supposing that he could remove the foreign body. I always warn patients who come to me with lost vision from bodies in the posterior portion of the eyeball, of the danger of future sympathetic ophthalmitis, advise them to have enucleation performed, unless they live in the portions of the country where skilled ophthalmologists are found. This case will incline me to make exploratory procedures before enucleation.

Dr. W. S. Stewart: What was the nature and size of the body?

Dr. Landesberg, in closing the discussion, said: I take exception to the practice of all those surgeons who resort, without further delay, to enucleation in instances of injury to the eyeball with loss of vision. In all cases in which there is no foreign body in the interior of the globe, we have to abstain from operative interference, and watch the eye with care. There is no danger in waiting. Sympathetic irritation is not likely to occur immediately after the injury. Enucleation itself is not so harmless as it is generally represented in text-books. It may sometimes give rise to sympathetic irritation, and I would impress this fact upon the general practitioner. It is not indifferent to the patient whether his blind eye is removed or not. A blind eye looks, in the greatest majority of cases, better than the artificial one, and we have to give to the patient the benefit, as long as it is compatible with the safety of the other eye. It is a matter of aesthetics. If a foreign body has penetrated the eyeball, the first indication is to remove it with an electro-magnet. If it cannot be found, and there is traumatic cataract, I would at once remove the latter the body may be imbedded in it. Should this removal fail, I advise enucleation at the same sitting. The foreign body extracted in this case was about 3 mm. long, and of metal.

DISCUSSION ON METHOD OF CURING CROOKED NOSES.

Dr. Jurist: I have been so unfortunate as to have operated on a few cases of divided septum, but generally found that after two or three months the septum had returned to its former position. I hope Dr. Roberts will state whether his cases remained permanently straight.

Dr. Roberts: If free incisions are made, the deviation ought not to return, If, after operation, the parts are held in place two weeks, the chances are that they will remain in the new position as surely as after the original accident.

Dr. Jurist: I would not like Dr. Roberts to understand that I did not fracture the septum. I do so in all cases using the stellate punch—and do not rely simply on a plug.

DISCUSSION ON CASE OF POISONING BY SOOTHING SYRUP.

Dr. Joseph D. Schoales: I remember a similar case a child sixteen months old—with which I sat up a whole night. It recovered under a treatment for opium narcosis. In another child, five months old, the symptoms resembled those produced by a teaspoonful of laudanum. Fifteen drops of the syrup had been given. Neither case resulted in death.

Dr. Hirsh: I recall a case in which trouble and annoyance had arisen from a physician's prescription being marked "poison" by the druggist. This occurred after the recent fiasco in which such notice was ordered in each case by the Coroner's deputy, an interpretation of the State poison law since reverted by the Court. An explanation was necessary before the patient consented to take the medicine and the physician back into the family.

Clinical Reports.

A SUCCESSFUL CASE OF TRACHELORRHAPHY COMPLICATED WITH ACCIDENTAL PUNCTURE OF PERITONEUM DURING THE OPERATION.

By GEO. B. LAWRASON, M. D.

Mrs. S., aged 36, presented herself at the out door clinic of the Charity Hospital on July 18, 1884, for treatment. She had had three children and six miscarriages. Her last pregnancies being all miscarriages. She was still suffering from the sixth, which she had had nine weeks before.



For nine months past, she had had a dry cough, weakness and no appetite; with pains in her back and sides as soon as she became pregnant, pains being of a bearing down character. She had also copious leucorrhæa, yellowish white. After her miscarriage she had copious hemorrhages, especially when she exerted herself in the slightest manner; these, however, had ceased, though she appeared very much exsanguinated. Her menstruation was irregular and scanty, and she had at the time slight pain in the hypogastrium, though she was not able to do any work without starting the bearing down pains and pains in the back.

On examination, a very deep unilateral laceration was found extending beyond the vaginal junction as far as the peritoneum. There was some hypertrophy of the cervical lip, and its surface was studded with granulations secreting a copious muco-purulent fluid.

Hot water irrigations were ordered and the patient told to return in a week. On her next visit the granular surface was scraped clean and painted with iodine (Churchill's) and a plug of absorbent cotton medicated with glycerine and alum placed against the cervix. She was told to remove this the next morning and use the hot irrigations night and morning. This treatment was repeated twice a week (except during menstrual periods), the patient improving both in general health and comfort.

On September 5, thinking it advisable to finish the treatment by closing the laceration, she was admitted to the hospital, her bowels well emptied and the operation performed the next day. After first irrigating the cervix with hot water to diminish bleeding, the patient was placed in Sims' position, the lips denuded and just as the last clip with the scissors was being made, the peritoneal cavity was opened. The wound was then well cleansed of blood and the first deep suture inserted as quickly as possible and twisted, two more sutures were then inserted and the denuded surfaces brought well together.

Fearing some peritonitis, a pill or opium was ordered

four times a day, urine drawn three times a day, and the patient placed on a light diet of milk and broth. The vagina was washed out twice a day with a 1500 sol. of bichloride. On the 7th there was pain in hypogastrium and both inguinal regions. On the 8th, slight pain in hypogastrium. On the 10th, there was a soft stool followed with pain immediately afterwards. On the 15th, the sutures were removed, and the parts found well united.

The highest temperature reached was 100° F., on the evening of the 7th; on the morning of the 8th it went back to 9834 and then oscillated between that and 9914 until the sutures were removed.

On September 21, she was discharged, feeling well. The anæmic look fast disappearing. On October 7, patient visited the hospital to say that she still continues to improve and is able to work now without discomfort.

The result in this case may prove comforting to those physicians who, like myself, may puncture the peritoneum. It is with this object that I publish the case.

Encephaloid Cancer of Mesenteric Glands.

[Pathological Report.]

L. II., girl, aged 13 years, was admitted in the Charity Hospital, ward 36, service of Dr. J. H. Bemiss, Mr. Colomb, resident student, on July 30th, 1884, with the following history: Had been in an orphan asylum for the last nine years and in good health up to April last, when she began having pain in the epigastrium accompanied by frequeut vomiting. The pain continued up to June, when she first noticed a swelling above and to the right of the umbilicus; this tumor was painful and tender and enlarged very rapidly. The vomiting continued and the bowels were usually constipated. Two days before entering the hospital she took a purgative, and when it operated, she passed nearly a pint of pure blood.

On admission, she is described as being anamic and very much emaciated, anorexia almost complete, drinks a great deal, bowels confined. She can not rest in the dorsal decubitus, the abdomen is greatly enlarged by an irregular and distinctly nodulated tumor, which extends from the ensiform cartilage almost to the symphisis pubis, and laterally to the external walls of the cavity. The tumor is firm and tender; the lower portion on the left side is not so resisting nor so irregular as the right, a distinct sulcus separates that part from the main tumor. Measured over its most prominent part, the abdomen gave 30 inches, while the chest on a level with the nipple only measured 27 inches. The patient complains of an aching pain in the growth, which, at times, become so severe as to make her cry out—the urine is passed very frequently and sometimes dribbles from her. The case was diagnosticated one of encephaloid cancer of the mesenteric glands.

The patient remained in the ward, the tumor continuing to enlarge, and pain and vomiting constantly increasing. On August 31st, she died by asthenia.

Necropsy performed eight hours after death confirmed the diagnosis. About one and a half gallons of sero sanguinolent fluid was found in the abdominal cavity. The tumor was large, firm, very irregular, and of a dark color, and seemed to be made up of a number of smaller tumors, it was marked by a deep sulcus running from the umbilicus to the left iliac region, extended from the under surface of the liver to the pelvis and into that cavity, being adherent to the bladder, which it pressed against the pubic arch. To the left kidney was attached another tumor of the size of an orange not connected with the first. The ureters were dilated and sacculated, and the kidney pelves very much enlarged. The whole surface of the peritoneum was studded with secondary growths from the size of a shot to that of a walnut. The spleen was not involved. The right lung and liver also contained secondary deposits. Weight of main tumor 121/2 lbs.

The microscope confirmed the diagnosis.

To the regular Physicians of the State of Louisiana:

Brethren: On two previous occasions, through the New Orleans Medical and Surgical Journal, I have earnestly appealed to you in behalf of the best interests of our beloved profession, and your own interests as well, to organize Parish and District Medical Societies; and I presume once more to address you on this all-important subject.

I can truthfully say, that these appeals and all my efforts to organize the medical profession of Louisiana into useful working societies, are without any selfish motive or purpose whatever, for already, my brethren have conferred upon me, the highest honor within their gift, and given the clearest demonstration of their confidence and respect, in electing me president of the Louisiana State Medical Association.

In my official as well as private capacity, I can therefore say, it is my pleasure to labor, con amore, to raise the medical profession of Louisiana; to elevate its standard of acquirements, general intelligence and usefulness, and to make its members the peers of the most advanced and cultivated of the medical fraternity in any and every State of this Union. And what hinders the consummation of these noble aims and purposes? Simply apathy and indifference, and the lack of united and concerted action.

While it is conceded that there are many men in the medical profession in Louisiana, who by their own exertions and inherent worth, and strength of mind, have risen to distinction and eminence, it is lamentably too true, that there are a great many in the ranks of the regular medical profession, who have graduated from regular medical colleges, that are poorly qualified to meet the grave responsibilities of the *Healing Art*. We cannot get these disqualified men out of the profession, and should not wish to ostracize them. They have as legitimately entered the medical profession as those who by industry, and under favorable surroundings, have risen to distinction. And these too, their disqualifications in many instances, may

not have been the result of primary defective preparation, or lack of mental calibre, but to subsequent isolation and the unfavorable conditions of location. Do we not owe this class of medical practitioners a duty? And do we not owe the people whom they serve professionally a duty? Yea, do we not owe the noble profession to which we belong a duty, in that we have solemnly promised to maintain its honor and its dignity, and to make it a blessing to suffering humanity?

The only possible way of creating a general interest in the advancement of medical science, and of elevating the rank and file of the profession, and enlisting their active and hearty coöperation, is to organize the entire regular profession into Parish and District Medical Societies, and thus cement the medical fraternity of the State into systematic and harmonious working organizations.

The good that will result therefrom, would be incalculable. We would unite a host of intelligent medical workers and make them close and accurate observers. We should purge the profession of ignorance, idleness and incompetency; elevate the standard of scientific and practical medicine, and make it to be respected and honored by every intelligent person and community.

I assume that the prevailing low standard of medicine in this State, after all, is not so much due to defective preparation, or deficiency of solid sense and intelligence of the physicians as to non-organization and non-intercourse, whereby their habits of observation of the conditions and phenomena of disease have become shallow and contracted, and finally ending in a spirit of selfishness and indifference, caring nothing for medicine, but for the few dollars and cents they can make by its hap-hazard practice.

To lift up these members of the medical profession from such a deplorable condition, requires organization, frequent intercourse and interchange of experiments, observations and thoughts. "As steel sharpeneth steel," so friction of the mind will quicken perception, deepen thought and strengthen judgment—and thus it will develop in the pro-

fession a spirit of noble emulation, establish professional and social intercouse, engender habits of close and painstaking observation, and a system of reading and research that must ultimate in the highest standard of attainments and eminence.

Brethern of the medical profession of Louisiana, move at once. Bestir yourselves in this noble cause, and give us a gathering in our next State meeting in New Orleans in January, 1885, in numbers and in zeal, that will make our "State Association," a power in this land for good.

Respectfully,

RICHARD H. DAY, M. D.

ABSTRACTS, EXTRACTS AND ANNOTATIONS.

MEDICINE.

A NEW AND SIMPLE ANTIPYRETIC. By Lauchlan Aitken, M. D. (Rome.)

A little more than a year ago, the attention of physicians in Italy was drawn to a new and simple cure for ague by Dr. Maglieri, in a short article which appeared in one of the Italian medical journals (Il Morgagni, 1882, p. 751). The remedy was merely a decoction of lemon; and Dr. Maglieri heard of it originally from his uncle, a farmer, who had frequently used it to the benefit of some of his farm laborers, the victims of malarial affections, which had resisted better known means of cure. In his notice of its effects, Dr. Maglieri pointed out that it was probably the method alone of preparing the lemon decoction which gave it the value it apparently possessed, as, in this land of malaria and of lemon trees, the ordinary juice of the fruit must have been employed many millions of times in different forms of ague, without any great effect having ever been ascribed to it by patients or physicians. Dr. Maglieri had himself used it successfully, not only in cases of chronic malarial cachexy, but also in pernicious malarial fevers; and it was the happy issue of some of his experiments, in such dangerous illnesses, that induced him to publish the article mentioned. The remedy was adopted soon afterwards, at the request of Professor Thommasi-Crudeli, who had read Dr. Maglieri's notice, by a large landed proprietor near Rome; and the results obtained by him, too, in severe cases of malarial infection, were very surprising, and were mentioned in a letter to the Minister of Agriculture and Commerce, published by Professor Thommasi-Crudeli in the spring of last year. In the Morgagni for March of this year, Dr. Dominico Arzillo gives some details of cases in which he had used the lemon decoction with excellent effects, and, with the zeal of a convert, writes in enthusiastic terms of the simplicity of the cure and of its superiority to quinine. As far as is known to me, these few notices comprise the whole literature of the

subject.

Shortly after reading Professor Thomasi-Crudeli's letter, I made a trial of the lemon decoction, prepared as directed by Dr. Maglieri, in two cases: one a simple quotidian ague, the other a case of enteric fever, complicated with obstinate intermittent attacks, which retarded recovery; and in both instances much benefit was derived, and the quininé could be given up. This was a considerable gain in itself, as the two patients seemed to suffer more than is usual from the unpleasant effects of large doses of that drug. During the past winter I had no occasion to give it in any genuine agues, as very few such cases come under observation, a simple intermittent fever of any type being of the rarest occurrence among visitors to Rome in that season of the year. But in several cases of gastric and enteric fever, complicated with malarial manifestations in their later stages, and in several others which might be looked on as typho-malarial throughout, the lemon decoction has seemed to be markedly beneficial, and to act so well as an antipyretic that more security was felt in giving up the large doses of quinine which were formerly deemed indispensable. That this may be of great importance in such cases is clear, as we frequently find complications appearing which contraindicate such doses of quinine as are truly antipyretic-from 25 to 40 grains daily, for instance. In almost all the cases treated by me this season, jaundice occurred, showing the existence of very considerable congestion of the liver and biliary passages, and not improving, to say the least of it, with the use of quinine. The lemon decoction, on the other hand, could scarcely

aggravate such a condition, and, as it is not disagreeable to the taste, the nausea resulting from the jaundice was not increased. It was always prepared as directed by Dr. Maglieri; a freshly gathered and unpeeled lemon being taken, cut into thin slices, put in three teacupfuls of water, and boiled down to one teacupful in a clean earthenware jar. This quantity of the decoction was then allowed to stand overnight in the open air, and given the first thing in the morning, after the liquid had been separated from the rind, pulp and seeds by careful filtration and compression just before it was drunk.

It has also been given by me in several cases of mild enteric fevers, with malarial manifestations; and in a few cases of uncomplicated intermittent fevers, occurring as late as May and June; and the effects observed have been as good as those of large doses of quinine. In these cases, about a dozen altogether, the temperature was taken every three or four hours; and the charts, before and after the use of the remedy, are most instructive. It has never seemed necessary to give the decoction prepared from one lemon daily; but there can be no reason why more than one draught should not be taken in the three hours, if required. It was noticed that freshly plucked lemons had more apparent effect than those not quite recently gathered, a serious drawback, in the meantime, to the use of the decoction in countries where there are no lemon-trees. But the active principle contained in the decoction will no doubt soon be extracted, and come into general use. What that is, is, as yet, quite uncertain, although it is obvious that it is not the citric acid. The alkaloidal principles, hesperidine and lemonine, said to be obtained from lemons, are quite unknown to medicine; and no experiments have been made to ascertain the physiological properties. From the results of the use of the decoction, it seems legitimate to hope that the remedy will prove a potent, safe, and cheap antipyretic.—British Med. Four.

ON THE ACTION OF A SECRETION OBTAINED FROM THE MEDICINAL LEECH ON THE COAGULATION OF THE BLOOD.

Professor Haycraft (Inter. Med. Congress.) found that the leech secretes, from its sucker and gullet, a juice which prevents the coagulation of the blood, which therefore remains fluid within its body, and is difficult to stop when exuding from the wound after the animal is withdrawn

This juice may be extracted from the anterior part of the creature with water after dehydration in alcohol. It destroys the blood-coagulating ferment, without killing the corpuscles. On invertebrate blood, where the clotting is due to the welding together of the corpuscles, it has no action. When injected into the veins of dogs and rabbits, the animals are thrown into a condition resembling hamorrhagic diathesis; blood withdrawn from the animal remaining fluid, and the smallest wound bleeding continuously on this account. It was suggested that, in the case of transfusion of blood, any chance of clotting could be prevented by injecting small quantities of the substance into the body of the person from whom the blood was afterwards to be taken.—British Med. Four.

ON CHEYNE-STOKES BREATHING.

Professor Mosso (Turin, Inter. Med. Congress) had constructed an apparatus for registering respiratory movements in the healthy subject. This consisted of a respirator applied over the mouth and nose, connected with a delicate gasometer. This can be worn by many persons during sleep without producing much inconvenience. An examination of the tracings which can be obtained showed a rhythmic variation of the same character as those seen in Cheyne-Stokes respiration. These consisted of rhythmic variations, both in time and in quantity of air respired. In conclusion, he maintained that this condition, about which so much had been written, was a normal one, and could not be considered a pathological phenomenon at all—Professor Haycraft remarked that the experiment was not conducted under normal conditions: and that the resistance produced by the gasometer exhausting the nerve-centres of the respiratory muscles would, as in other cases of such depression, produce rhythmic variations of activity. A pathological condition might be a quantitative deviation from the normal; and, if rhythmic variations should eventually be proved in normal breathing, the exaggeration of this seen, say, in a case of apoplexy might well be considered pathological.-Professor Cheveau suggested an improvement, which might be made in the instrument of Professor Mosso, which would simplify it, and diminish the resistance.—British Med. Four.

SOME OBSERVATIONS ON THE BACHLUS OF TUBERCULOSIS.

So many methods of observation and of staining the bacillus of tuberculosis have been suggested and recom-

mended as possessing various advantages, that a systematic investigation of their comparative merits seemed to be necessary in order to the determination of the diagnostic value of each. Such an investigation has been very thoroughly carried out by Dr. Harold C. Ernst, of Jamaica Plains, Mass., and the results are given in the October issue of *The American Journal of the Medical Sciences*. These results have been obtained after the expenditure of much time in the preparation of the slides, much care in the selection and compounding of the staining reagents, and by the most careful comparison of the slides one with another.

As far as his experience goes, and Dr. Ernst has tried every method of staining that he has been able to find mentioned, Koch's and Ehrlich's methods are the only ones upon which reliance can be placed under all circumstances. With neither of them has he succeeded in finding an organism beside the bacillus of tuberculosis which would resist the decolorizing action of nitric acid, and which would not take the contrast color. Therefore, as all the others seem to be untrustworthy from a diagnostic point of view, one of these two methods, more especially that of Koch, should be used in all investigations upon this subject. Unless one of them is used, every observer is liable to the error of mistaking other organisms for the bacillus of tuberculosis, or to the still greater one of failing to detect it in places where proper methods of manipulation make its presence very manifest.

As far as the observation of Dr. Ernst extends, the fact of the occurrence of a peculiar form of bacillus in tuber-culous lesions is an invariable one. He has never met with a case which could be considered tuberculous in which he has failed to find bacilli in larger or smaller numbers, and examinations, yielding negative results as regards the occurence of bacilli with the special staining reaction of the bacillus of tuberculosis, have been made in a large number of cases of sputum from other diseases than tuberculosis.

Dr. Ernst also narrates a series of inoculation experiments, which he made with great care, with pure cultures of the bacillus tuberculosis, and in all but one case, in which no result was obtained, the characteristic bacilli were found, thus constituting confirmatory evidence of the specific nature of the bacillus of tuberculosis.

ANTIPYRIN.

The unpleasant effects which quinine and kairin sometimes produce, and the nauseous taste of the latter, have led therapeutists to search for compounds possessing the same antipyretic power, but open to less objection. In one of these, dimethyloxychinicin, now known as antipyrin, Dr. Knorr, of Erlangen, seems to have found a substance which promises to be a valuable addition to our means of combating pyrexia.

Antipyrin is a whitish powder, very soluble in water, bitter, but much less so than quinine, and without the nau-

seous taste of kairin.

Filehne first published an account of its effects (Zeitschr. f. klin. Med., Berlin, 1884, VII, p. 641). He found that it effectually reduces febrile temperatures in doses of thirty grains, rarely causing vomiting, and never other evils diminishes the pulse frequently as well as the body heat. Temperature is lowered for from seven to twenty hours by two or three doses. It rises again afterwards, but without rigor such as often follows the use of kairin. He obtained the most effectual results by giving three doses of thirty grains at intervals of an hour, or two doses of thirty grains and then fifteen grains. Guttmann, in May last, confirmed fully the opinions of Filehne concerning antipyrin. He found that half a drachm would reduce the temperature from 2 to 5'. The same result was obtained by giving fifteen grains hourly, also by giving one large dose of one drachm. But smaller doses, such as seven to eight grains, gave very little results. Like Filehne, he noticed no disagreeable effects save that rarely the patients vomited. The reduction of temperature, he says, is often accompanied by profuse perspiration. The temperature rises gradually as the action of the antipyrin ceases. Guttmann's experiments were made on cases of typhus, scarlatina, phthisis, and several other febrile diseases. He has since published (Deutsche med. Woch., July 31, 1884) a confirmation of the favorable views which his early experience led him to form concerning antipyrin. The results of the use of antipyrin in various febrile disorders by Biermer were reported in the Breslau acratl. Ztschr., 1884, No. 11. He fully confirmed the report of the two previous observers. He found that the effect of the drug lasted longest in typhus (fifteen hours). In pneumonia it was not so effectual. The fever in intermittents could be interrupted by antipyrin, but the return of the attacks was not prevented. The pulse frequency, he says, falls some time after the temperature; rarely the pulse seems unaffected. He noticed usually profuse perspiration, concomitant with the reduction of temperature. May (Deutsche med. Woch., 1884, Nos. 24 and 26) found antipyrin more useful in pneumonia than quinine. In one case he saw collapse after its use, but he seems to be the only observer who has met with this, and in the instance he mentions it is not certain that the collapse was in any way connected with the administration of the drug, since the patient was in an evil plight when it was administered. He met with vomiting as a consequence of antipyrin more frequently than the previous observers. In some cases, he says, slight rigors accompanied the subsequent rise in temperature, and in one an apathetic condition came on when the temperature fell. Rank (Deutsche med Woch., 1884, No. 24) used antipyrin subcutaneously in those few cases where it caused vomiting. He found this method succeeded well, and says that if the solution be made with hot water antipyrin dissolves in half its weight of water, and does not re-precipitate on cooling. In this concentrated solution it may be conveniently administered subcutaneously. (Italia Medica, June 5th, 1884) finds that antipyrin is excreted in the urine, in which it can be detected by ioduretted iodide of potassium. It can be found usually three or four hours after the administration of the drug, and traces are still present thirty-six hours afterwards. It is said by him not to modify the respiration; it slightly increases arterial pressure, while it diminishes the frequency of the pulse. It does not influence normal temperatures... Dilatation of the cutaneous vessels precedes the lowering of the temperature. Maragliano's clinical experience of the drug coincides with that of other observers.

Penzolt (Berlin klin. Woch., 1884, July 28) reports favorably on its use in children's febrile diseases. He gave a grain and a half for each year of the age of the child. It is well taken, he says, by children, rarely causes vomiting, and then may be administered satisfactorily per rectum. According to Penzolt, the reduction of temperature in children is quite as great as other observers have found it to be in adults. He does not find the pulse frequency always decreased in proportion to the fall of temperature. He recommends the administration of the drug hourly until three doses have been given. He thinks in children the system occasionally gets accustomed to the remedy, so

that the dose has to be increased.

Busch (Berl. klin. Woch., 1884, July 7th) has given antipyrin in surgical fever, typhus, phthisis, and pleurisy. His reports are very favorable. He finds that antipyrin causes a fall in temperature of two or four degrees; and the only unpleasant symptom he noticed was occasionally

profuse perspiration.

Von Noorden (Berl. klin. Woch., 1884, Aug. 11th) gives an account of the effects observed from antipyrin in Riegel's clinic in Giersen. In all essential points he agrees with previous observers, and lays special stress upon the improvement of the cerebral symptoms of typhus which accompany the lowering of temperature of antipyrin. The blood pressure was not altered, but the tension of the arterial wall was considerably increased. He advises that the temperature measurements should be taken frequently when the drug is given in repeated doses, as at times the temperature fall is very rapid. A less-marked good effect was noted in pneumonia and erysipelas than in typhoid and phthisis. Von Noorden found that agaricin in .005 grain doses and atropia will prevent the profuse sweating caused by antipyrin, without interfering with the temperature fall.

Ernst (Centralblatt f. klin. Med., 1884, Aug 16th) says he has seen apyrexia produced by antipyrin in hectic fever when quinine had wholly failed, and he has noticed, too, that the temperature remains low when the drug is no longer given. In erysipelas he finds it of especial value; he recommends that the administration of antipyrin should be commenced at midday to prevent rise of temperature in the evening. In one case where 30 grains of antipyrin was given per rectum, he saw, after 180 grains had been given, an exanthema like measles appear. It began to fade in five days. He says he has seen this rash from antipyrin on several occasions, and does not consider that it contraindicated the use of the drug.

The accounts so far given of the action of antipyrin by those who have used it are so favorable that it will probably before long be extensively used. It has not the antiperiodic effect of quinine, but seems to rival it as an antipyretic. Whether decrease of temperature is the chief point to be aimed at in febrile ailments may be debated, but whenever the reduction of heat is a desirable object, it seems probable we may advantageously use antipyrin.

The cost of the drug, however, is considerable (4s. per oz.). Messrs. Burgoyne, Burbridges, Cyraix & Farries,

of 16 Coleman street, London, are the agents of the makers, Messrs. Lucius & Brunning.—Medical Chronicle, Manchester, Eng., Oct.

MUMPS AS A CAUSE OF SUDDEN DEAFNESS.

Disease of the ear during the progress of acute infectious disorders is not an infrequent occurrence. Especially are suppurative inflammations of the middle ear common during the progress of scarlet fever, and non-suppurative inflammations are a frequent attendant upon the progress of measles. The nature and treatment of these ear diseases are well understood. But occasionally during the progress of mumps a sudden and complete loss of hearing occurs which is not so well known, either as to its nature or its treatment, and a paper on the subject from the pen of Dr. Leartus Connor, of Detroit, which appears in the October number of *The American Journal of the Medical Sciences*, is both timely and instructive.

As the result of his personal experience and of the study of thirty-three recorded cases, Dr. Connor concludes

that-

I. Mumps do in some rare cases produce complete deafness.

2. This deafness is usually attended with all the evidences of disease of the labyrinth.

3. These show that it sometimes begins in the cochlea,

but more frequently in the semicircular canals.

4. Owing to the lack of early observations and treatment it is impossible to say that it is not transmitted through the middle ear from the parotids to the labyrinth.

5. The history of some of the cases would seem to sug-

gest that such an origin was possible.

6. This possibility renders it very important that every case of deafness during an attack of mumps be at once

carefully examined, so as to settle the question.

7. This possibility offers the only hope for the successful treatment of these cases so as to prevent deafness. Thus, if there be a middle ear diseased, we might hope that revulsive and counter-irritant treatment would arrest the disease and save the labyrinth.

8. As to treatment of the labyrinthine disease nothing has thus far been devised that has produced any satis-

factory result.

THE PHYSIOLOGICAL ACTION OF DIGITALIS.

In the October issue of The American Journal of the American Sciences, Dr. Samuel Nickles, of Cincinnati, summarizes the present state of our knowledge of the physiological action of digitalis, and his paper is specially instructive, since the doctrines now universally taught regarding the action and use of digitalis differ in a number of important points from those held two decades ago. we were taught that digitalis is essentially a sedative affecting strongly the nervous system, thus causing feeble and slow heart action. Now the latest authors teach that the nervous system is only secondarily affected, while the heart is directly influenced, its action becoming more powerful, though slower. Twenty years ago we were taught that digitalis is a diuretic directly acting upon the kidneys, thus producing in many diseases a greater secretion of urine. To-day we are told that digitalis does not act upon the kidneys at all, and only secondarily affects the secretion of urine by causing a change in the systemic circulation. In one point there is universal agreement, that digitalis recklessly used may produce the most disastrous effects, and that this may occur quite unexpectedly in consequence of cumulative action.

But not only in regard to the *modus operandi* do present authors differ from their predecessors, but also as to the therapeutic indications. Two decades ago digitalis was held to be indicated when the heart's action is too powerful; now we are informed that it is useful only when the heart's action is too feeble. Then authors taught that digitalis will control and hence favorably influence a hypertrophied heart, while present writers contend that every disease of the heart attended with excessive action is aggravated. It was held for a century that digitalis, though not eminently useful, is still often of great service in dropsy dependent upon organic disease of the kidneys; but now we hear that in diseases of the kidney attended with diminished diuresis, it is almost always useless, and always ex-

ceedingly dangerous.

A CONTRIBUTION TO THE CLINICAL STUDY OF ROTHELN OR GERMAN MEASLES.

It appears that a somewhat general opinion that Rötheln, or, as it is not infrequently called, German measles, is a disease of such minor importance as to be unworthy of

scientific research; but a disease, the victims of which succumb as early as the fourth day, must be of sufficient importance to demand our attention and the best efforts of our armamentarium.

Dr. W. A. Edwards, during the winter and spring of 1881-2, studied in the Philadelphia Hospital over one hundred cases of the disease, and the results of his observation he details in a valuable clinical paper in the October number of *The American Journal of the Medical Sciences*.

As regards the diagnosis, he says the eruption appearing on the third day first in the face, its rapid extension, its gradual shading off into the surrounding skin, its elevation, more particularly in the centre of the patch, which is also the brightest in color, together with the fact that desquamation first shows itself there, are all points which, as far as the eruption is concerned, render the diagnosis plain; furthermore, the rash almost at once occupied the whole body, and never presented a crescentic outline. The extreme drowsiness during the eruptive stage is a symptom upon which Cheadle lays some stress. It is Dr. J. M. Keating's experience that, however severe the attack may be, or how diffused the eruption, the contour of the face is never lost, and that by looking properly you can always see the zygomatic arch; this, he observes, is always obliterated in cases of either measles or scarlatina that are severe in character. Sore throat was always present; in scarlatina it is directly in proportion to the type and severity of the disease; the more laryngeal character of the cough in Rötheln is also worthy of note. The pulse remains low, that is, much lower than a case of like severity of either measles or scarlatina. The fact that Rötheln propagates itself, and never gives rise to either measles or scarlatina, and, moreover, does not protect from these diseases, is a further diagnostic point that should claim our attention.

Dr. Edwards highly recommends the application of oleaginous preparations to the skin during the stages of eruption and desquamation; in the former stage, for the comfort of the patient, and to allay itching and aid in the reduction of the temperature; in the latter, to prevent contagion, as all of his cases underwent desquamation, and in all probability the contagion is carried by these fine scales.

THE PROPAGATION OF THE RESPIRATORY SOUNDS IN THE ABDOMEN.

DR. CANTANI.

The respiratory murmur can be heard, though diminished in intensity, all over the stomach. This fact can be employed, together with other signs, in determining the limits of the stomach. In the region of the transverse colon, etc., the murmur is wanting, since the interposition of other partition-walls hinders the transmission of the sound-waves.

The extension of the respiratory murmur can also be made available in cases in which the diagnosis between meteorism and a collection of gas in the peritoneum is difficult. In the latter case, the murmur is propagated over the entire abdomen, as well in the median line as at the sides (and especially the left), while even in severe meteorism it remains confined to the region of the stomach. Cantani has never observed the respiratory sound below a line drawn obliquely through the navel, and it only went that far when the stomach participated in the meteorism.— Deutsche Medizinal-Zeitung.

THE DIAGNOSTC VALUE OF HOT URINE.

FRIEDRICH BETZ.

The urine participates in the temperature of the bladder, since it develops no heat of itself. The temperature of the bladder as well as that of the urine can, however, be altered by the condition of the temperature in the neighboring parts, which impart their own temperature to the bladder and urine. This happens in inflammation of the pelvic organs, and of the pelvic portion of the peritoneum, and also that covering the loops of small intestine that lie in the pelvis. When a patient complains of hot urine, and if inflammation of the bladder can be excluded, then it indicates an inflammation in the neighborhood.—Deutsche Medizinal-Zeitung.

THE DIAGNOSTIC VALUE OF THE PRESENCE OF FREE HYDROCHLORIC ACID IN THE CONTENTS OF THE STOMACH IN GASTRECTASIS.

DR. KREDEL.

The reagents employed were trapæolin, methyl violet and chloride of iron. Trapæolin (red color) is an extremely delicate test for acids (both organic and inorganic), marked

methyl reaction (blue color), indicates hydrochloric acid with certainty, while lactic acid can be easily demonstrated by the yellow color it strikes with a mixture of carbolic acid and chloride of iron (3 drops liq. ferir sesquichlor, 3 drops of very concentrated aqueous solution of carbolic acid, and 20 cm. aq. destill.)

In the seventeeen cases of simple dilatation of the stomach examined for hydrochloric acid, it was never wanting; while in nineteen cases of carcinoma ventriculi with dilatation, no free hydrochloric acid was found. The absence of the free acid in carcimona cannot be attributed to anæmia, since in several cases of simple dilatation, in spite of the extreme anæmia and emaciation, free acid was regularly found.

Kredel believes that the presence of the free hydrochloric acid in gastrectasis, is an important diagnostic point; but one examination does not suffice: it is only by long observation and repeated tests that any advantage can be derived. The proper time to wash out the stomach and examine the contents, is either five or six hours after eating, or at early morning, fasting.—Deutsche Medizinal-Zeitung.

A NEW FORM OF GLOSSITIS.

PROF. F. MASSEI.

M. observed, in a woman of 48, a peculiar form of glossitis, not described heretofore. It consisted of a rounded swelling lying at the base of the tongue, surrounded by a ring of tumefied mucous membrane. The surface of the swelling was slightly excavated and dotted, at its circumference, with numerous irregular elevations, many of which showed a speck of pus at the summit. The circumvallate papillæ were swellen. Gummy tumor and epithelioma were excluded by the absence of glandular swellings, and a circumscribed acute inflammation was diagnosed. The affection passed away in three or four days, under indifferent treatment.

Massei calls this form glossitis follicularis basica; he considers the process as anginous, analogous to angina tonsill., except that here the inflammation has seized upon the mucous lining of the follicles at the base of the tongue.

—Deutsche Medizinal-Zeitung.

URONALYSIS.

Dr. Formad (Louisville Medical News) says: Sediment in the urine has no significance unless deposited within twenty-four hours. Albumen in the urine does not indicate kidney disease unless accompanied by tube-casts. The most fatal form of Bright's disease—contracted kidney has little or no albumen. Every white crystal in urine, regardless of shape, is a phosphate, except the oxalate of lime, which has its own peculiar form, urine alkaline. Every yellow crystal is uric acid, if the urine is acid, or a urate, if the urine is alkaline. Mucous casts, pus and epithelium signify disease of the bladder (cystitis), or of other parts of the urinary tract, as determined by the variety of epithelium. The urine from females can often be differentiated from the urine of the male, by finding in it the tesselated epithelium of the vagina. Hyaline casts (narrow) blood and epithelial casts signify acute catarrhal nephritis. Much albumen, broad hyaline casts and epithelial dark, granular and oil casts signify chronic catarrhal nephritis. At first, much albumen; later, less. Hyaline and pale granular casts and little or no albumen signify interstitial nephritis. Broader casts are worse than narrow casts, as far as diagnosis is concerned, for the former signify a chronic disease. The urine should be fresh for microscopical examination, as the micrococci will change hyaline casts into granular casts or devour them entirely in a short time. Uric acid in the urine may, in Trommer's test for sugar, form a protoxide of copper, thus often deceiving the examiner in the belief that he has discovered sugar. Thus, when urine shows only a trace of sugar, other methods of examinations besides the Trommer's must be used—preferably the lead test. The microscope gives us better ideas of the exact condition of affairs in the examination of the urine than the various tests.—Gaillard's Fournal.

AN OYSTER MISTAKEN FOR A MALIGNANT GROWTH.

Dr. Theobald relates the following incident at one of the Baltimore medical societies, according to the Archives of Ophthalmology. A patient having suffered from some obscure symptoms sought medical advice for the relief of her sufferings. A suspicious looking mass was discovered blocking up the posterior nares. This was removed without difficulty, having, apparently, sloughed off from its

former attachments. The supposed neoplasm being regarded as probably of a malignant character, it was deemed of the first importance that its histological structure should be made out. A portion of the tissue was teased out and submitted to microscopical examination. This completed, the growth was exhibited to the society in question, its histological characteristics were duly set forth, and the clinical facts of the case related. An animated discussion followed, and more than one hypothesis was advanced to account for the unusual features which the case presented. While this was in progress an inquisitive individual, with microscopical proclivities, inspected the tumor with more care than had previously been thought requisite. The debate was suddenly cut short by the announcement that the suspicious neoplasm was, after all, but a half-digested oyster, a harmless specimen of our should-be familiar bivalve, which, probably, during a previous spell of vomiting, had become lodged at the point where it was discovered.— Boston Med. and Surg. Four.

SURGERY.

SOME STATISTICS OF ABDOMINAL SURGERY.

For the greater part of this compilation, we are indebted to a report presented at the last meeting of the Medical Society of North Carolina, by Dr. Staton, chairman of the section on Surgery.

Gastrotomy for Myofibromata of the Uterus.—The extracts just below are taken from Prof. Bigelow's paper, published in the American Journal of Obstetrics, November and December, 1883.

The tumor alone removed 106 times; 50 recovered; 50 died. The tumor and uterus removed 229 times; 124 recovered; 94 died. Extra-peritoneal cases, 247 times; 143 recovered; 97 died. Intra-peritoneal cases, 84 times;

50 recovered; 33 died.

Bantock's individual record shows 22 cases, with 2 deaths. Hegar records 12 cases, with 1 death. By the intra-peritoneal operation, Schroeder lost only 1 in 14. However, general statistics favor the extra-peritoneal method of operating.

Vaginal Hysterectomy.—Statistics: Fenger, 45 cases;

31 recovered; 3 unfavorable; 11 deaths. Schwaltz, 55 cases; 35 recovered; 20 deaths.

Abdominal Hysterectomy.—Statistics: Ahlfed, 66 cases; 49 deaths. Kleinwachter, 94 cases; 20 recoveries. This operation is taking precedence in popular favor.

Cæsarian Section.—The following figures are taken from the valuable statistics of this operation, prepared by

Dr. Harris, of Philadelphia ·

The C. Section has been performed in North America 133 times—the first in 1827; 60 women saved: in Great Britain, 134 times; 24 women and 78 children saved. Bruden, in 1873, wrote that during a space of eighty years, 50 C. sections were made in Paris—all fatal. The Porro modification of the C. section has saved 46 + per cent. The Porro-Muller method has saved 52 + per cent.

[The statistics of Dr. Harris, published in the American Four. Med. Sciences, April, 1878, contain the record of 9 cases of C. section performed in Louisiana; 8 mothers were saved; 1 died; 5 children survived; 3 died; 1 died of the effects of a long labor, 2 of craniotomy. In 1838, on a river plantation near New Orleans, a very remarkable Cæsarian section was performed by a drunken negress, in the case of a young black girl in her first labor. There was no obstruction to the labor. However, the operation was performed with a sharp case-knife, and a living child removed. The mother made a good recovery, save slight incontinence of urine. The case was reported by Dr. Bennett Dowler in the July (1854) number of this journal.]

Oöphorectomy.—Abdominal oöphorectomy is now taking precedence over the original operation, and, in most of the cases of his last series published, was practiced by Battey himself. In either of these operations the mortality is about 18 per cent.

Ovario-Salpingectomy.—The mortality of this operation has been 77 per cent.

Gastrectomy. This operation, which usually consists of a resection of the pylorus, was first performed by Pean, in 1879. It has since been performed sixteen times—five times by Billroth—twelve died, four recovered.

Operations on Small Intestines.—Ashurst has tabulated thirteen cases of intususception, treated by abdominal section, of which five recovered. Four of the cases occurred in children—all died. Of fifty-seven cases of acute

intestinal obstructions from other causes, eighteen recovered after abdominal section.

Nephrectomy.—Gross has recorded 104 cases of nephrectomy—52 recoveries—46 deaths—6 still under treatment. Of 24 cases of removal of the healthy kidney, 18 recovered, 6 died.

[On the 3d of June, 1879, Dr. Smyth, of New Orleans, made a successful nephrectomy in a case of floating kidney. The report is published in the August (1879) number of this Journal.]

Splenotomy.—The operation of cutting off a part of the organ has been performed about thirty times, with a mor-

tality of 50 per cent.

Splenectomy.—Extirpation of the spleen has been performed in 37 cases; 7 recovered. Of 19 cases of leucocythemic spleens, 18 died. Of 11 cases of simple hypertrophy, 6 recovered.

TREATMENT OF SYPHILIS.

From an article published in the Deutsche Medizin. Wochenchr., by Dr. A. Neisser, the following practical

points are gleaned:

The author regards the discovery of the syphilitic bacteria as simply a question of time. The phenomena of syphilis are said to harmonize with the theory of its bacterial origin. The three main questions in the treatment of

syphilis are considered:

I. When should treatment be commenced? Not until we are quite sure of our diagnosis. When its location will allow, the excision of a chancre is urged as an advisable procedure. This insures removal of the prime focus of infection. The sooner, then, excision is practiced the better. The author also favors the removal of lymphatic glands, when primarily aftected. He dissents from the teaching of the Vienna school, which almost wholly dispenses with treatment, and decidedly contests the statement of Sigmund, that nearly forty per cent, of his syphilities do so well as not to require constitutional treatment.

The French, especially Fournier, have found that the severest secondary disease follows the mildest primary, for the reason that a mild primary form is usually neglected,

treatment being regarded as unnecessary.

2. What cure should we adopt? The author favors mercurial inunctions; recommends mercurial baths, when the inunctions are impracticable, and when the treatment has to be repeated several times in the same case. For in-

ternal administration, the corrosive sublimate in small doses is preferred, and is given in a watery solution, with salt and plenty of milk, to prevent irritation of the stomach and bowels.

3. How long should constitutional treatment be continued? Fournier says from one and a half to two years. Mercury loses its action when continued uninterruptedly for a long time. Therefore, Fournier advises the alternate and intermitting method, with intermissions gradually increasing from four to eight hours. In the interim, iodide of potash is given. In the tertiary stage, iodide of potash in large doses is recommended; in syphilis of the brain and spinal cord, iodide in combination with mercurial inunctions. A vigorous treatment is advocated, in conformity with Fournier's maxim: "As well do nothing as not do

enough."

There is a class of patients in whom the early lesions are mild, and succeeded by perfect freedom from all evidences of disease. With the lights now before us, it is impossible to say positively whether these patients are well or not. The author very properly regards them as still syphilitic, and subject to mercurial treatment. Indeed, the mercurial treatment, with the iodide of potash, is urged in every case of syphilis, except when complicated with tuberculosis or scrofulosis, when the patient is decidedly anamic or cachectic, or afflicted with "galloping syphilis." In the treatment of such cases, the importance of a tonic regime is particularly emphasized.

RADICAL CURE OF HERNIA.

From the address of Sir William MacCormack delivered to the Section of Surgery of the British Medical Associa-

tion, the following points are gleaned:

The author reports a series of successful cases of operation for the radical cure of hernia. The following is his usual mode of procedure: An incision is made as if for strangulated hernia, the neck of the sac exposed and ligatured as high up as possible with chromic acid catgut. The author disapproves of the method of invaginating the neck of the sac, or plugging with scrotal tissue, as wrong in principle. He prefers the operation of ligation and excision of the sac below, which results in the formation of a cicatricial obstacle. He recommends total excision in small sacs. In large sacs, with attachments to the struc-

tures of the cord, he prudently advises the excision only of a ring of the serous membrane. This secures union and the formation of the cicatrix necessary. The conjoined tendon and Poupart's ligament were sutured with catgut in several cases; so also the external and internal pillars of the ring. The author is not sure that this latter step is of advantage; if not, the operation will be simplified by the omission. The wound is finally closed with the interrupted suture, a drainage tube instead, and all antiseptic precautions adopted.

Henceforth, herniotomy will probably seldom be performed in cases of strangulation without attemping a radical cure, which, in no manner increases the patient's danger; and, in all probability, in view of the attempt at radical cure, the operation for strangulation will be performed

very much earlier.

TREPHINING IN TRAUMATIC EPILEPSY.

Dr. W. T. Briggs, of Nashville, reported to the recent meeting of the American Surgical Association the result of 30 cases of traumatic epilepsy treated by trephining. 25 cases were cured, 3 relieved, 1 unimproved, 1 died.

In St. Bartholomew's Hospital Reports, Walsham records 130 cases of trephining for traumatic epilepsy. 75 cases were cured, 18 improved, 8 unimproved, 31 deaths. The ratio of recovery is 62+ per cent.: the death-rate, 19.37 These figures are favorable.

ARM AND SCAPULA SEVERED FROM THE CHEST.

The British Medical Journal reports a case of complete severance from the trunk of the arm with the scapula. The patient recovered A similar case was reported in the North Carolina Medical Journal, in 1882.

TRAUMATIC APHASIA RELIEVED BY TREPHINING.

The case is reported by Dr. B. Bribach in the St. Louis Courier of Medicine. A little girl of eight years, kicked by a mule, received a compound fracture of the skull. The fracture was located above and a little in front of the left temporal region, extending in a curved line backward and downward toward the temporal ridge, and here markedly depressed. No symptoms of concussion—no paralysis. On the second day, there was aphasia, evidently due to

pressure. The bone was lifted, and on the evening of the same day, the patient began to speak. On the next day after operation, the patient had fully recovered the use of language.

At the last meeting of the Medical Society of Virginia, Dr. Hunter McGuire, of Richmond, read a paper on Intestinal Obstruction. He reviewed all the points of diagnosis, urged the use of opiates hypodermically, rest, composure, etc., and strongly opposed purgation. When the symptoms of intussusception are sufficiently clear, he advises opening the abdomen to relieve the intestine of its unnatural position.

At the International Medical Congress, Mr. Knowsley Thornton, of London, read a paper on the early performance of ovariotomy, in which he discussed the question whether it is ever right to tap an ovarian tumor. Sir Spencer Wells, Keith and Thomas favor tapping. Gross, Emmet and Lawson Tait oppose the practice. Mr. Thornton condemns tapping save in rare cases, and claims that an exploratory incision is far safer and better in doubtful cases. He favors the removal of an ovarian tumor as soon as it becomes abdominal, and begins to stretch the abdominal parietes. He appeals to the profession still more to improve the results of ovariotomy by condemning the practice of tapping and advocating early ovariotomy.

THERAPEUTICS OF PRURITUS.

From selections in the Southern Practitioner we excerpt some useful remedies in the treatment of pruritus:

- "Balsam of Peru rubbed into the part affected, gives great relief, and in a few days effects a cure."—Auerbach, of Berlin.
- "Almost a specific" in pruritus vuvlae and pruritus ani: One drachm of the sulphate of quinine in enough lard to make an ointment—applied freely.—II. R. Steele—Cin. Lancet and Clinic.

A general anti-pruritic remedy: One drachm each of chloral hydrate and camphor, with one ounce of the ointment of roses. The chloral and camphor are rubbed together, and to the resultant fluid the ointment of roses is

added, a little at the time, until thoroughly incorporated. Dr. L. D. Buckley.—Southern Med. Record.

One ounce each of lime water and glycerine, with two ounces of the oil of sweet almonds. Mix and use as a liniment in pruritus of the genitals, and in superficial burns and scalds.—Druggist Circular.

In the pruritus vulvae of pregnancy, the sulphate of alumina acts like a charm.—Dr. Gill.—Lancet and Clinic.

In the pruritus at ithe menopause, of all remedies, vera-

tria is far the most efficacious.

In localized pruritus, relief is usually given by an ointment of ¼ part of veratria to 30 parts of lard. When the pruritus is generalized, the veratria is given internally, in pill form. Each pill contains one-fifth of a centigram of veratria. From two to six pills are given daily, either half an hour before or three hours after meals.—Medical Times and Gazette.

The itching of urticaria is frequently relieved by a strong solution of bicarbonate of soda; a few drops of balsam copaiba on a lump of sugar, or in capsule, relieves sometimes. The bicarbonate of soda is mentioned as an almost certain remedy in poisoning by rhus toxicodendrum.—National Druggist.

PERSPIRATION OF THE FEET.

The following prescription is given in the *Cincinnati* Lancet and *Clinic* as an absolutely certain remedy for the cure of sweating feet:

R. Argenti Nitrat......gr. xl. Aq. Font........................gi. M.

S. Make a solution and apply to the sweating parts once a week, or oftener, as the condition requires.

PNEUMOTOMY.

A successful case of pneumotomy, performed by Mr. Gould, at the suggestion of Dr. Gayley, has been reported to the Royal Medical and Chirurgical Society. The case was one of acute local gangrene of the lung, occurring in a girl twelve years of age. The cavity was successfully drained of its gangrenous contents, a sequestrum of lung tissue coming away with the discharge. Mr. G. used a large trocar and canula, inserted a drainage tube, then

removed the canula, leaving the tube in the cavity. In cases related to the Society by Mr. Goodlee, a portion of rib was excised, and the abscess opened with a knife. Other cases of pulmonary abscesses were reported, all showing the benefits of free drainage, even those which finally terminated fatally.

FOREIGN BODIES IN THE AIR PASSAGES.

- Dr. J. R. Wiest, after a study of one thousand cases of foreign body in the air passages, reaches these conclusions and submits them to the profession for consideration:
- 1. When a foreign body is lodged either in the larynx, trachea or bronchi, the use of emetics or similar means should not be employed, as they increase the suffering of patient and do not increase his chances of recovery.

2. Inversion of the body and succussion are dangerous and should not be practised unless the wind-pipe has been previously opened.

3. The presence simply of a foreign body in the larynx, trachea or bronchi does not make bronchotomy necessary.

4. While a foreign body causes no dangerous symp-

toms, bronchotomy should not be performed.

5. While a foreign body remains fixed in the trachea or bronchi, as a general rule, bronchotomy should not be practised.

6. When symptoms of suffocation are present or occur at frequent intervals, bronchotomy should be resorted to

without delay.

- 7. When the foreign body is lodged in the larynx, there being no paroxysms of strangulation, but an increasing difficulty of respiration from ordema or inflammation, bronchotomy is demanded.
- 8. When the foreign body is movable in the trachea and excites frequent attacks of strangulation, bronchotomy should be performed.—The Weekly Medical Review.
- Dr. Martin, whose experience gave us the Martin bandage, says: He had been accustomed to say that within fifty years the Listerian method would be an exploded delusion; since, however, he has seen Sir Joseph himself and observed his methods he reduces the period to twenty-five years.

RECOVERY FROM TRANSFIXION OF THE HEART.

Dr. Clouston ("Report of the Morningside Asylum for 1883") mentions the case of a lady patient, who, being very suicidal, was being watched day and night by special attendants. Just as she went to bed one night, she suddenly became very ill. Dr. Spence was at once sent for, and came in a minute or two. He found that, with the long pin taken out of her cap, she had transfixed her heart through and through. She had felt for the point where its beat was most distinctly felt, and had done this so quietly that her attendants, though within two yards of her, looking at her, had not noticed the act. If a medical officer had not been at hand, she would have certainly died within a few minutes. As it was, she was none the worse after a few days. A similar case is reported by Bini (Archivio Italiano per la Malattie Nervose, 1880), and, judging from the chapter on heart wounds in "Holmes' Surgery, such cases are far from exceptional.—Gaillard's Four.

GYNECOLOGY, OBSTETRICS AND PÆDIATRICS.

ON UTERINE HÆMORRHAGE AND A NEW METHOD OF TREATMENT.

Read in the Section of Obstetric Medicine, Belfast meeting, British Medical Association,
By the late RICHARD RICHARDSON, L. R. C. P., Rhayader.

I shall not take up your time in considering the physiology and pathology of uterine hæmorrhage, but shall devote attention more particularly to the treatment which has been most successful in my hands during a period of twenty years. I was anxious to find a reliable remedy which could be easily applied without any apparatus; these advantages I found in iron alum when applied in crystals of the size of a hazel-nut, or even larger in a severe case. It is to be introduced with the finger up to the os uteri (and not into it), and there allowed to remain. The uterus will at once contract, a firm coagulum is formed, and the hæmorrhage at once ceases. Iron alum is also antiseptic; as I have removed clots on the fourth and fifth day after its application, which were quite free from any disagreeable odor. In a case of very severe hæmorrhage, two or three days afterwards I inject a little warm water (to which may be added, if you like, a little Condy's fluid) and remove the clots. It is perfectly free from danger, and I have never known it to fail.

I have a record of 82 cases of uterine hæmorrhage where this remedy was applied without a single failure; menorrhagia, 10 cases; metrorrhagia, 18; abortions, 15; accidental hæmorrhage, 7; unavoidable hæmorrhage, 4, post partum hæmorrhage, 22; secondary hæmorrhage, 6.

In post partum hemorrhage, it is advisable always to clear the uterus of clots or any portion of placenta before applying the crystal; also, in accidental hæmorrhage, when there is detachment of placenta, should the case appear to be one where there is no chance of carrying it to full term, the membranes ought to be punctured, and the iron alum applied in the usual way. There is no fear of any very very great hæmorrhage, coming on afterwards; in a slight case, the iron alum will stop it; but, if the hæmorrhage should recur, it would be advisable to have recourse to puncturing the membrane, and induce labor. By way of comparison, I shall here enumerate most of the local remedies hitherto used in uterine hæmorrhage; namely, the tampon, compression, friction, galvanism or electricity, ice, injection of hot and cold water, cold water applied to the vulva, cold douche on the abdomen, pressure on the abdominal aorta; and last, but not least, the injection of liquor perchloridi. Most of these require an apparatus for their application, which may not always be at hand; and, in addition, some time would be taken in their preparation and adminstration. Furthermore, there is the always present danger of injecting a styptic into the open mouths of the uterine vessels; also cold applications, when the body is already too cold, must be injurious. Now, iron alum does not require any apparatus, or any preparation, as it is ready at hand; it will bring on immediate contraction of the uterus, which is the chief aim and object in the treatment of these cases; as remarked before, it does not require to be introduced into the uterus, only into the vagina, close to the os uteri, and there left.

The preparation is both cheap and effectual. I had some pessaries of it prepared by Messrs. Ferris & Co., which I found expensive, and with no better than the crude crystal: I therefore discontinued them.

I find the crystals made with ammonia more permanent than those made with potash, and therefore more to be preferred. Since I began using the crystals I never go to a case of labor without them; I have also used the pieces

(too small to be introduced) tied up in a piece of muslin, leaving the ends of the string hanging outside, so as to more readily remove the alum on the following day; this method answers quite as well. One of my former assistants, Mr.

G. Tombs, of Llanwrtyd Wells, wrote to me.

"I have very great faith in iron alum since I learnt its value from you. I have used it very extensively, and can testify to its efficacy in uterine hæmorrhage. I have applied it in abortion, accidental and post partum hæmorrhage, with the best result. In fact, in my experience I have not known it fail. I never go to a midwifery case without taking iron alum with me."

Another old assistant, Mr. J. W. Hinings, of Bromyard,

says:

"I have used the iron alum in three cases of milder post partum hæmorrhage, too severe to be left alone, and have

been satisfied with its operation."

My son, Mr. F. L.C. Richardson, says: "I use iron alum, when there is the least tendency to uterine hæmorrhage in post partum cases, as a safeguard; but I found it invaluable in four extreme cases, as they were in a moribund state. I never undertake a midwifery case without bringing iron alum along with me, as a reliable companion to ergot and

tincture of opium."

My friend, Mr. Talfourd Jones, of Brecon, writes to me as follows: "Since you first recommended to me, some time ago, the local use of iron alum in uterine hæmorrhage, I have used it on several occasions in cases of threatened abortion accompanied by troublesome bleeding, and I have found the remedy extremely useful and valuable, very certain and rapid in its action. It is well to bear in mind that it is apt to occasion considerable soreness of the vagina, and in one instance it gave rise to vaginitis."

The soreness after the application referred to by Dr. Jones I have never yet met with. It is probable, if a person wished to make an examination very soon after its application, there would be great contraction of the parts; and in introducing the fingers some pain would undoubtedly be occasioned. It is better to wait until the following day to do so, having first of all sent up an injection of warm

water to remove clots, etc.

I have also applied the remedy in four cases of uterine cancer, where the hæmorrhage was very considerable and frequent. It controlled the bleeding and was re-applied on its recurrence. It also acted as a good antiseptic in

these cases, and was the means of making the patients' lives more comfortable during the last six months of their sufferings. I have used it in several cases of leucorrhæa with great benefit. I wish my medical brethren to give it an unbiassed trial; and some, who are engaged in this specialty in large towns, would have ample means of doing so, as they would be likely to meet with more cases in twelve months then I would in ten years, owing to the difference in population.

Finally, I would supplement the treatment of hæmorrhage by constitutional medicines, such as are generally recommended; namely, ergot, opium, digitalis, gallic acid, sulphuric acid, turpentine, ascetate of lead, and transfusion and hypodermic injection of sulphuric ether in collapsed cases. Of these, the most reliable remedies are the first

two and the last two.—British Medical Journal.

NOTE ON THE TREATMENT OF POST-PARTUM HÆMORRHAGE

The hypodermic injection of ergotinine has quite recently been very highly recommended (vide Obstetrical Transactions, vol. xxiv, p. 286) by Dr. C. Chahbazin of Paris; he states that the advantage of ergotinine over ergotine are these: hypodermic injections do not produce local abcesses or indurations; they act more quickly, and produce more steady and permanent contraction. The action of the ergotine given by the skin on the uterus is not certain, while that of the ergotinine has not yet failed (the italics are the writer's). As a general rule, the ergotine is never used when the uterus is not empty. Dr. Chahbazin does not, however, pretend to say that ergotinine replaces the intrauterine treatment of post-partum hæmorrhage, though, in all cases but one, after the hypodermic injection of ergotinine, no other treatment had been necessary. It should, therefore, be used before any attempt at intra-uterine injection is made.

Dr. W. C. Grigg (of Queen Charlotte's Lying-in Hospital) advises (vide British Medical Journal, January 12, 1884) the internal use of vinegar as "almost the specific for post-partum hæmorrhages." He gives it, after the expulsion of the placenta, in doses of a wineglassful of the pure vinegar, and, if necessary (which is seldom needed) he repeats the dose at the end of fifteen minutes. Dr. Grigg feels certain that he should not have obtained such favorable results with ergot as with vinegar; and, from his

own experience, and from the reports obtained from his house-surgeons and midwives, he can confidently recommend the use of vinegar in post partum hamorrhage. I have used it with the happiest results in a couple of cases lately, where there was a predisposition "to flood;" and when I had, according to my usual custom in such cases, given a preventive draught of ergot immediately before delivery (without producing the desired effect of either preventing or controlling the hamorrhage). The vinegar-treatment was most successful; and it gives me the greatest pleasure to add my humble testimony to that of so eminent an authority as Dr. Grigg, on the rapid, steady and permanent contractile power which vinegar exerts over the uterus in post partum hamorrhage.—British Mcd. Jour.

In a clinical lecture on Pelvic Hæmatocele, by Dr. Alfred Wiltshire, and reported in the *Lancet* for September 27th, 1884, the stand is taken that it is very rare, if not impossible, for hæmatoceles to be formed by the filling of Douglas' cul de sac with blood, and becoming encysted, and that those described in the books as such, were really effusions into the connective tissue in front of the peritoneum, external to its sac.

He says that if the usual explanation was true, instead of a roundish tumor displacing the uterus forward, as we generally find, the blood flowing into the peritoneal cavity, would accommodate itself to bodies of greater specific gravity, such as the uterus and its appendages, by adapting itself to them instead of displacing them, and would fill the pelvic cavity, much as would melted fat or fluid plaster of paris, if poured into it. Again, as a patient suffering from these hæmorrhages are usually compelled to lie down speedily, the fluid would tend to gravitate backwards to the most dependent part of the peritoneal cavity before any limiting membrane could be thrown out.

On the other hand, if the blood be shed into the pelvic fascia the limiting or bounding membrane or tissue may offer enough resistance to cause some displacement of mobile organs, such as the uterus, which may accordingly be thrust in the direction of least resistance, downwards and forwards.

That the peritoneum is certainly capable of considerable resistance as shown by the reported cases of rupture of the uterus, where the peritoneum has remained intact.

The peritoneum will bear suddenly produced strain to

an enormous extent without rent; a crucial test, concerning these same tumors, is furnished by a case of Baumgartner's, which he correctly diagnosed as subperitoneal hæmatoma, and upon which he operated by abdominal section, finding the tumor to be completely covered by pe-

The experiments of Tripier, made at the suggestion of Poucet, by injecting liquid colored with Prussian blue into the uterine annexes, showed that the peritoneum readily stripped up from the subjacent tissues, and that it required a pressure of two atmospheres to rupture the peritoneum,

as was determined by a manometer.

Again, the experiments of Vulpian, Laborde and Franck threw light upon the little known tolerance of the peritoneum for large quantities of blood and its rapid absorption, and show in a peremptory manner the impossibility of provoking encystment of sanguineous effusions in mammiferæ when the peritoneum is quite healthy.

PÆDIATRIC APHORISMS.

The following aphorisms of Professor Letamendi, of Madrid, Spain, are quoted in El Dictamen of May 10th, 1884:

1. Children are like the mob; they always complain with reason, although they cannot give the reason why

they complain.

2. Always look at the lips of a pale and sickly child; if they are of a deep red color, beware of prescribing tonics internally At the outset you will congratulate yourself, but in the long run will repent of having employed them.

3. As a general rule, a sad child has an encephalic lesion; a furious child an abdominal one; a soporific child

has both, although indistinctly defined.

4. An attendance on children produces in the mind of an observant physician the conviction that the half, at least, of adult transgressions are so through morbid abdominal influences.

5. A sunny living-room, a clean skin, and an ounce of castor oil in the cupboard—these are three great points of

infantile hygiene.

6. To dispute the clinical value of tracheotomy in croup is a waste of time to no good purpose. Croup or no croup, if there be a positive obstruction to respiration in the larynx, it is but according to reason to open a way for sublaryngeal respiration. In the days of more knowledge and less nonsense, tracheotomy will be ranked among the

minor surgical operations.

- 7. Dentition is a true multiple pregnancy in which the uterus and its fœtus becomes petrified in proportion as they grow. It is not the direct or eruptive pressure, but the lateral pressure of all together, that is most dangerous. It is from this that so many cerebral symptoms appear, which can in no way be relieved by incisions of the gums. The only recourse against the transverse pressure is to give the child more nourishment, in the hope that as the general condition is bettered, the local condition will also be improved.
- 8. If the incisors of the first dentition are serrated it is bad, but if those of the second formation are the same, it is worse. It foretells a number of lesions arising from deficiency of mineral salts in the tissues. There is only one exception, and that is an important one. When the serrated incisors are seen in strong children, in whom the fontanelles have closed early, it is a sign of a robust constitution. Instead of a number of small and sharp serrations, there are a few large blunt ones.
- 9. To regard the eruption of the teeth as the sole factor in the general process known as the first dentition, is to perpetrate a sort of medical synecdoche. Children get their first teeth because they are at the same time getting a second stomach and second intestines.
- 10. The body of a child possesses such a degree of "acoustic transparency," that in cases of necessity or convenience auscultation may be practised with the hand, converting it into a telephone, which will reveal as much to the physician as even his ear can do.
- 11. In practice it is well to distinguish with precision a case in which disease is due to lumbricoids from one in which lumbricoids are due to disease.

For in the former case anthelmintics are of service, but in the latter they do harm.

- 12. Since, until a child is able to talk clearly, his relations with the physician are purely objective, it is very necessary that we should study as carefully as do the veterinarians the exact correspondence between the lesions and the expression of the patients.
- 13. If you wish to cure rapidly and well joint-diseases in infants, you must treat them as you would a conflagra-

tion-douches, douches and more douches, until you have

succeeded in extinguishing them.

14. The entire system of the moral relations between children and adults should be changed. To speak to them incorrectly merely because they cannot pronounce well; to excite their fears and arouse their weird imagination simply because they are easily frightened and impressionable; to stimulate their vanity because they are naturally inclined to be vain; these and other similar actions are not only wrong, but absurd.

15. There is finally danger to the woman of contracting a vice as yet unregistered in the annals of concupisence—mastomania, or the sensuality of nursing. When this physiological act degenerates into a vice, nursing becomes so frequent as to be nearly continuous, and the result is ruin to both mother and child. Finally, the physician must here, as always, be at once wise, discreet, of

good judgment, and firm.—The Medical Record.

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EDITORIAL.

RECENT EXPERIMENTS WITH NEISSER'S GONOCOCCUS.

Since 1879, when Neisser, of Breslau, announced the existence of a specific microorganism in gonorrheal pus, the microbial origin of this popular but redoubtable affection has been accepted quite largely by mycologists and pathologists. The remarkably contradictory evidence adduced by the most reliable and industrious experimenters

in this field of research, has, however, greatly strengthened the incredulity of the more skeptic or less enthusiastic elements of the profession who have ample reason to believe the etiology of this disorder to be burdened with uncertainties as grave as those which beset the bulk of the so-called micro-parasitic diseases. The contradictions referred to involve (a), the proposition that the gonococcus of Neisser is morphologically specific to gonorrheal pus. and (b), that the introduction of the cultivated gonococci into healthy human urethræ is followed by the appearance of well characterized gonorrhoal inflammation. The observations of Ogsten, Ecklund, Konigstein, Councilman and Sternberg, who have apparently found the same organisms-morphologically speaking-in secretions and pus from different sources, are alone sufficient to weaken Neisser's claim: "that there is present in the purulent discharges of gonorrhea, whether from urethra, vagina or conjunctiva, a micrococcus not found in other pus, distinguished by its size, shape and mode of reproduction."

It is generally claimed by respectable authorities, however, that there are constantly present in the pus of gonorrhœa, peculiar oval organisms, corresponding exactly to the gonococci of Neisser, which are not to be found in simple and non-specific urethral inflammations.

The presumption is, therefore, in favor of the view that the organisms in question are connected with the infective virulence of the urethral discharge, although as repeatedly pointed out, by Sternberg especially, they do not possess distinctive morphological characters as claimed by Neisser, Weiss and others.

But it is not essential that the *gonococcus* should be shown to possess distinguishing form-characters in order to establish its claim to be considered the cause of the infective virulence of gonorrheal pus. It it can be shown that *pure* cultures of this micrococcus introduced into healthy urethræ produce a virulent inflammation, identical with that which results from impure contact or from experimental inoculation with the discharges of specific urethritis, its

etiological import will have been established. In this case, morphological identity with species destitute of special pathogenic power, will simply be, as Sternberg says, an interesting fact, and a well defined specific distinction—physiological—will have been established. But it is exactly in connection with this part of Neisser's claim, that there exists the most conflicting evidence.

This difficulty may be said to depend, in great measure, upon the fact that the lower animals (dogs, rabbits and guinea pigs) are unavailable for purposes of experimentation, as they are refractory to gonorrhœal infection (Sternberg, Konigstein, Krauser and others), and the difficulty of obtaining healthy human urethræ is self-evident. To this may be added the great difficulty which attaches to the obtaining of pure microbial cultures, the expertness required in the preparation of such cultures, and the uncertainty which must linger after a successful culture inoculation, as to the absolute elimination of all virulent principles outside of the particulate elements in the fluids. This last is probably the most fruitful source of trouble, as a serviceable number of healthy urethræ are procurable, at times, from Science's faithful devotees, and also from less-willing but helpless persons who can be utilized, as they have been, and not over-scrupulously in many instances, to determine the inoculability of cultivated gonococci. Experiments of this kind have been repeatedly performed since Neisser's announcement, prominent among which may be mentioned those by Bokai, who, in 1880, inoculated in the urethra six medical students with gonococci cultures from conjunctival and urethral blenorrhæa, three of whom quickly sickened with the well known symptoms of an acute clap. But the fact that Bokai's methods were very unsatisfactorily explained has led investigators to exclude them as unreliable, and has given birth to the suspicion that his students were inoculated with infective principles other than the gonococci.

The experiment which appears to be the *cheval de-bataille* of Neisser's followers, is that performed by Bock-

hart and published September, 1882. The subject of the experiment, "a forty-six-year-old paralytic, completely anæsthetic, whose death was expected daily," was inoculated in the urethra with gonococci from a fresh infusion of gelatine through four generations. The urethra of the person experimented upon was previously perfectly sound. Forth-eight hours after the injection there appeared at the meatus urinarius a slight redness and on pressure a small quantity of mucous secretion. The symptoms increased, and on the sixth day a typical gonorrhœa was formed, which increased in severity up to the 12th day, when the man died. During the whole time the characteristic gonococci were found in the abundant discharge."

This experiment, which would appear so conclusive to most readers, is far from being final, as the very recent experiments performed by Sternberg, who has given so much attention to this topic, clearly prove. Besides the inoculations performed by this observer in San Francisco, in 1882, when, assisted by Dr. Hirshfelder of that city, he practiced fifteen inoculation experiments upon himself and several other persons with culture fluids from the eleventh to the thirteenth generations, he has very recently repeated, with still greater care, upon himself and two other medical men in New York (Med. News, Oct. 19, 1884), several gonococci culture inoculations, from the ninth and eleventh generations, with purely negative results, not in the least corroborative of Bockhart's experience. In discussing Bockhart's case, Sternberg, who does not question the authenticity of the former's experiment, says: "In my opinion the culture should be carried further than the fourth (which was the one used by B.), especially when made upon a solid substratum, in order to secure the exclusion of the original material, or of the micrococci still infected with it." And even if this criticism were not well founded, "it is evident that if the fourth culture produces virulent inflammation and the tenth and twentieth culture is inocuous, we must admit that the pathogenic

power of the micrococcus in the first instance does not depend upon constant and inherent physiological characters, but upon special conditions relating to its environment, or that of its immediate progenitors."

Any way, if Sternberg's results have been correctly attained, as we have reason to believe when we consider his experience and authority in these matters, we may accept his view as expressing the closest approximation to the correct relation existing between the gonococcus and gonorrhœa, viz: that the gonococcus is a widely distributed and usually harmless organism which may acquire specific pathogenic power as a result of special conditions relating to its surroundings, and which again loses its power when removed from the influence of these special conditions.

That this micrococcus is not in reality the prime factor of the gonorheal process we are more inclined to believe since the therapeutic tests which the practitioner is continually applying in his practice have failed to reveal the parasitic nature of this affection in the consulting-room as well as in the laboratory. No diseased condition can be more favorable to the display of germicidal action than urethral gonorrhæa, and yet the whole canal may be washed for many days with solutions of the most potent antiseptic, e.g. corrosive sublimate, without controlling, or in the least, ameliorating the diseased condition, but on the contrary, increasing the inflammatory damage. What, then, of the old maxim: "Sublata causa, tollitur efectus," is it wrong Must the effect continue after the cause is removed? Evidently no; some other factor must be appealed to, besides the gonococcus of Neisser, to account satisfactorily for the phenomena of that woeful condition, clap.

THE LEGAL ASPECT OF CREMATION, By a Lawyer.

The subject of cremation has attracted very general attention, and this disposition of dead bodies has been urged chiefly on the ground that burial, especially in large cities, is injurious to public health.

The burning of the body of the Indian Prince at Etreal, France, and the burning in England of the body of a dead infant by its father, shows other sides to the question, which have been but little discussed.

In matters relating to this subject, we properly turn to the physician as authority, but the lawyer may make some suggestions to the advocates of cremation, worthy of their consideration.

However limited to us of the present, be the notion involved in the word cremation, the act does not include alone the incineration of a dead body in a crematory, but extends to the burning of it in any manner. If it be legal for a corporation with imposing ceremonies and cleanliness of method to burn the body of a child, and return to the father its ashes in a delicate marble urn, what would be illegal in that father putting his child in his stove before cooking his morning meal? or in imitation of the Hindoos, burn the body on a wood pile in his back yard, and consign the ashes to the four winds?

In the English case referred to above, and reported in 23 Am. Law Reg., p. 560, William Price was indicted, first for attempting to burn the dead body of his child, and second, for attempting to burn the body with intent to prevent a coroner's inquest. The following were the facts: Price's child, five years old, died. The death was not registered. The coroner notified Price on Safurday, July 12, 1884, to register the death with medical certificate of cause of it, or else he would hold an inquest. On Monday, the 14th, Price took the body to a field of his own, remote from the town, and putting it in a ten gallon cask of petroleum, set it on fire. There were no circumstances showing a necessity for an inquest. The defendant was acquitted on both charges.

The charge of the judge to the jury was an extensive and thorough review of the history and law bearing on the subject. He pointed out with respect to prevention of inquest that "it would be intolerable if a coroner had power to intrude without adequate cause, upon the privacy of a family in distress, and to interfere with their arrangements for a funeral, and that nothing can justify such interference except a reasonable suspicion that there may have been something peculiar in the death, and that it may have been due to other causes than common illness."

In regard to the other charge, namely, burning a dead body, he shows that burning was a custom which prevailed to a large extent among the Romans and other ancient nations, that its disuse was due to Christian sentiments, that the substitution of burial was so complete that burning has never been formally prohibited in any part of the English law. On the contrary, that the civil power, as a punishment in certain cases, forbade burial of dead bodies, leaving them to be devoured by the beasts, or destroyed by the weather. In other words, the law acted upon the presumption that every one desired and would effect that his dead should have a proper burial, and it therefore remained silent on the point.

Every wrong that a man does is either a wrong in itself or in violation of some prohibitory law. Burning, as above shown, is not malum prohibitum. In fact, the law has legalized other dispositions of dead bodies than burial; for example, furnishing bodies for anatomical purposes. Nor is burning a body malum in se unless it openly violates decency, disturbs the public peace, injures public morals, or be a breach of public duty.

So as the law is now, there is nothing criminal in burning a dead body, though under many circumstances a general adoption of cremation by individuals might be illegal and subject some of those who practise it to the sanction of various laws. Burning a dead body in a public place might shock the sensibilities of a large number of those who unwittingly witness it; it might furnish an easy way of destroying evidence of crime; it might have a tendency to harden the public mind and cause it to hold in less regard the memory of the past and the dead. For notwithstanding all that has been said to the contrary, it is an undoubted fact, to be proved by an appeal to our own mind,

that unless our attention is specially directed to it we never think of our dead as decomposing bodies being eaten by worms and maggots in the grave, but we hold in memory only the picture last presented before putting the body away. On the other hand, the burning of a body is the complete annihilation to our outer senses of all that was the living person. It forcibly brings to the mind of even a young person that death is the end of all earthly things, a point at which a man must separate from his wealth and his reputation, and this may act as a discouragement to ambition.

Therefore let those who are urging the claims of cremation direct part of their efforts towards securing proper legislation on the subject. Let only certain responsible persons be licensed to burn the bodies, so that it may be thoroughly done and with proper decorum; let all other persons be specially forbidden. Avoid undue haste, less evidence of crime be effectually concealed; and lastly, shun too much publicity.

LATE CHOLERA RESEARCHES.

The British Medical Fournal for October 11th, contains some interesting details regarding the production of Cholera in lower animals which lend greater accuracy and fullness to the news recently cabled from Marseilles on the subject. It appears that Drs. Nicati and Reitsch, who studied the cholera in Marseilles during the recent epidemic, have not only confirmed Koch's statements respecting the specificity of the comma bacillus, but also that they have produced the disease with this organism in lower It was believed heretofore, even by Koch himself, that the disease was not transmissible to animals by any method of inoculation, but the observers above mentioned have apparently proved the contrary. They observed that in the most acute cases of cholera in which the intestinal contents are especially full of comma-bacilli, there is often no trace of bile. They therefore tied the bile-duct in dogs, and then injected cholera-dejecta into the duodenum.

The animals died in one or more days, with all the symptoms of the most acute cholera; and the intestines contained a turbid fluid full of epithelium and comma-bacilli. The same results were obtained by injecting cultivations of comma-bacilli. In the case of guinea-pigs, they were also able to induce cholera without tying the bile-duct, by introducing large quantities of the virulent material into the stomach.

Details of the experiments are yet wanting, but no doubt Koch and others will at once follow up the clue by which it is hoped that he will reach a definite conclusion as to the exact nature of the malady in question.

The following translation of the report of the French Cholera Commission at Marseilles has just reached us in the *N. Y. Record* for October 25, and we gladly insert it as a most interesting appendix to what has just preceded:

This commission, consisting of seven members, of whom only five acted, viz.: MM. Sicard, Taxier, Loucel, Livon, and Chareyre, offers the following conclusions: "1. The cholera is transmissible to the rabbit, as demonstrated by injection into the veins of the blood of a cholera patient at the algid period. The rabbit died in twenty-four hours, with lesions entirely like those of cholera. 2. By cultivation, this blood after a few hours loses its infectious properties. 3. Injections of choleraic blood in the period of reaction, or a very advanced algid period, produce no effect. 4. The perspiration of a cholera patient, injected into the veins, does not transmit cholera. 5. The stomachic or intestinal dejections, or the gastro-intestinal contents (this last full of comma-bacilli), may, after filtration, be injected with impunity into the cellular tissue of the peritoneum, the windpipe, the intestines, the rectum, and even into the blood. 6. Comma-bacilli taken from the intestines of a cholera patient may be introduced into the intestines of a rabbit, and multiply there for more than eleven days, without producing any choleraic symptoms, and without necropsy revealing the anatomo-pathoogical lesions characteristic of cholera. 7. There is thus every proof of the non-specificity of the comma-bacillus. We experimented on bacilli taken from the intestine, and

with dejections kept from two to twelve days, the results being always negative. Everything also proves that this bacillus does not produce in the intestine toxical ptomaines which would be the cause of poisoning—namely, the lesion of the blood. The inference from more than fifty of these experiments is the non-contagiousness of cholera, which we maintained from the very opening of the discussions. 8. The minute examination made by us of the heart and large venous vessels of cholera patients enables us to affirm that there is no phlebocarditis in cholera, as alleged by Morgagni and still maintained by many enlightened physicians. 9. Bulbar and medullary lesions, or those of the solar plexus, appear to us to be all secondary lesions. 10. In our opinion, the initial lesion of cholera takes place in the blood. II. It essentially consists in the softening of the hæmoglobin, which makes some corpuscles lose first their clear shape, the fixity of their form, and the faculty of being indented. Those corpuscles adhere together, lengthen out, stick together, and in very rapid cases especially, some are seen which are quite abnormal, while others appear quite healthy. 12. The entire loss of elasticity of the corpuscles (which is shown by the preservation of the elliptic form when it has been stretched out) is, in our view, a certain sign of the patient's death. To stretch out a corpuscle, it is merely needful to alter the inclination of a plate on which a sanguineous current has been established in the field of the microscope. The fluid column stops at one point, whereas the rest continues to flow. An elongation of the intermediary corpuscles results, and then a rupture of the column. In the gap thus formed are some scattered corpuscles. If these revert to their primitive form the patient may recover. If they keep the elliptic form, we have seen death follow in every case, even if the patient's symptoms were not serious at the time of the examination of the blood. At the outset, and in the rapid cases, which give the clearest results, corpuscles remaining healthy are seen alongside the unhealthy ones, and assume the shape well known in heaps of money, or maintain their liberty. When currents are created in the field of observation, the columns of healthy, or less unhealthy, corpuscles remain stationary, or nearly so; whereas, the unhealthy corpuscles flow between the columns or the stationary masses like fluid lava. This we believe to be the characteristic lesion of cholera.

By hourly examination of the blood of cholera patients, the progress of the malady can be mathematically followed. First some corpuscles are unhealthy, then one third, then half, then two-thirds, and lastly death supervenes. A very important fact in our view is, that all the corpuscles are not simultaneously affected. We debar ourselves from substituting a fresh hypothesis for all those we have overthrown. We confine ourselves to saying that we know better than our predecessors what the cholera is not, but we do not know what it is."

COCAINE HYDROCHLORATE: THE NEW LOCAL ANÆS-THETIC.

Since the publication of an account of an experiment performed with this drug before the Ophthalmological Congress, at Heidelberg, the leading ophthalmologists of New York city have been vieing with each other to put the new anæsthetic to the severest test.

The Record of October 18 contains the reports of Drs. Agnew, Moore and Minor, who, after experimenting with this drug in several most trying cases, express themselves with enthusiastic fervor in its praise. Cocaine has been known since 1855, and is the active principle of the leaves of the erythroxylon coca, the well known South American plant, now so generally prescribed as a stimulant. Cocaine hydrochlorate is of more recent origin, and the anæsthetic effect produced by its contact with mucous surfaces has been known only about a year, it having been used in Germany first by laryngologists to produce anæsthesia of the vocal cords and surrounding parts to facilitate manipulation. The anæsthetic effect of the topical application of the drug has been brought into greatest prominence by an experiment related by Dr. Noyes, the eminent New York oculist, who witnessed the production of complete anæsthesia of the conjunctiva and cornea by the instillation of two drops of a two per cent. solution of Merk's cocaine hydro-chlorate (repeated in five minutes) into the patient's eye. Dr. C. R. Agnew, who has extensively followed Noves' directions in his large ophthalmic clinics, has performed successfully perfectly painless operations for squint and cataract, and has examined injured and inflamed eyes with a freedom and ease otherwise unattainable without the use of this remarkable drug, or of a systemic anæsthetic. The brilliant results which have invariably followed its application wherever employed, thus far, warrants its more extended trial, and, as the *Record* says, "it is quite certain that in those numerous cases in which local anæesthesia is necessary for minor operations in surgery, gynecology, laryngology, otology, and even dentistry, this anæsthetic will be tested. Especially would it seem to be indicated in those parts of the body which are covered by mucous membranes and plentifully supplied with sensitive nerves.

This application of the muriate of cocaine is a discovery by a very young physician, or he is perhaps not yet a physician, but is pursuing his studies in Vienna, where he also lives. His name is Dr. Koller, and he gave to Dr. Brettauer, of Trieste, a vial of the solution, to be used in the presence of the Congress by Dr. Brettauer. Dr. Koller had but very recently become aware of this notable effect of cocaine, and had made but very few trials with it. These he had been led to make from his knowledge of the entirely similar effect which it has for some year or more been shown to have over the sensibility of the vocal cords, and because of which laryngologists pencil it upon their surface to facilitate examinations.

Our Louisiana readers are earnestly requested to peruse with special attention the appeal made by Dr. Richard H. Day, the able and energetic President of our State Medical Society. No more striking demonstration could be given to the world of the apathy and indifference of Louisiana physicians in matters which concern their social and professional welfare, than these personal appeals which the venerable President of our State Society has been obliged to make in order to rouse their attention to the necessity of a general, systematic and harmonious organization of medical

men, such as exist in all other States but our own. This lack of appreciation on the part of Louisiana physicians of the significance and practical benefits of concerted and harmonious action is the main reason why the profession in this State stands lower to-day, scientifically and socially, than almost any other medical community in the country. Let us hope that all those who read Dr. Day's appeal will prepare themselves to second his generous efforts, and that in conjunction with their friends they will prove, on the next meeting day of the State Society, that the medical profession in Louisiana is still worthy of the admiration and respect which they so justly commanded in earlier days.

STATEMENT RELATING TO THE INTERNATIONAL COLLEC-TIVE INVESTIGATION OF DISEASE PROPOSED AT THE INTERNATIONAL MEDICAL CON-GRESS AT COPENHAGEN.

The general meeting of the International Medical Congress, held at Copenhagen on August 14th, passed the following resolution:

That an international committee be formed for the collective investigation of disease, in connection with the work of the International Medical Congress.

Professor Jacobi, of New York, and Dr. N. S. Davis, of Chicago, were appointed as representatives of the United States.

The main objects which the committee seeks to attain through the Collective Investigation of Disease are to widen the basis of medical science, to gather and store the mass of information that at present goes to waste, to verify or correct existing opinions, to discover laws where now only irregularity is perceived, to amplify our knowledge of rare affections, and to ascertain such points as the geographical distribution of diseases and their modifications in different districts. It will be its endeavor to place clearly before the whole profession the limits and defects of existing knowledge, as well as to stimulate observation, and to give it a definite direction. It will be a not unimportant incidental result of its work should it tend, as is hoped, to the better

training of the members of the profession in habits of scientific and practical observation, and in systematic

methods of recording the facts which they observe.

The age in which we live has seen enormous advances in the sciences on which the fabric of medicine rests, such as chemistry and other branches of physic, physiology, and pathology. Each of these has taken giant strides. It must be admitted, however, that purely medical knowledge has scarcely made proportionte progress. It cannot be expected that it should do so, as it deals with the aberrations of the most complex of organisms, is of all sciences the most difficult, and demands the greatest patience and the largest accumulation of data.

Hitherto the advancement of medical science has been brought about mainly by individual effort. The value of such work in the past we in no way underrate, nor do we desire to lessen the amount of it in the future; but in Medical Science there is much that defies interpretation from individual experience, and many problems so far-reaching in an ever-widening field, with elements so manifold, that no single man, however gifted and long-lived, can hope to bring the whole within his range. The need, therefore, in medicine, of that combination and concentration of individual work which is adopted in many other branches of science and in commerce, and to which increasing facilities of intercommunication have given so much impulse and so much strength, cannot be questioned. Indeed, it may be said that, resting on individual research alone, medical knowledge can be advanced but slowly and with difficulty. Future progress to any great extent must be the work, not of units acting disconnectedly, but of the collected force of many acting as one. For many to act as one, organization is needed; that organization it is the purpose of our Committee to supply.

Disease is many-sided; and we wish to include in our organization those who see it from every side. All, therefore, whether hospital physicians, family and school attendants, specialists, medical officers of the Army and Navy, and of workhouses and asylums, will be asked to contribute their quota of observation to the common fund

In England and in Germany organizations for this purpose already exist, through which good work has been accomplished; and a volume entitled the *Collective Investigation Record*, containing tabulated returns, with reports upon them and other matter, is published annually by the British

Medical Association. France and Austria are alive to the importance of the new method. In Scandinavia and in the United States the foundations of associations have been laid, Denmark, Russia and Switzerland are setting their hands to the task. To unite these several associations by an international organization for the study of various problems, and to induce the formation of similar combinations elsewhere, is felt to be a work peculiarly befitting an International Congress. Our Committee is enjoined by the Congress at Copenhagen to endeavor to carry out this work, and, in compliance with that injunction, it invites the coöperation of all who have at heart the promotion of Medical science and practice.

The following is the proposed method. A subject having been selected, a person or persons of acknowledged authority will be asked to write a memorandum, in the form of a short essay, upon it. The memorandum will succinctly give the present state of our knowlege. It will also point out the directions in which further research may best be made; and, with this view, will suggest a few simple and definite questions upon the subject selected. The questions will relate to matters of fact, to be elicited by observation of cases, rather than to matters of opinion.

The contemplated organization will, it is hoped, in time enable the Committee to ask and collect answers to these questions from the profession at large, wherever scientific medicine is studied or practiced. It will be a further duty to examine, arrange, tabulate and deduce results from the mass of observations thus collected, due credit being given to each contributor for the information he has furnished; and Reports on the results of the several investigations will be laid before the International Congress at its next meeting at Washington.

CORRESPONDENCE.



TRAUMATIC ANEURISM OF THE FEMORAL ARTERY.

To the Editors N. O. Medical and Surgical Journal:

Gentlemen—Your attention is invited to the following case:

Robert Scott, 27 years old, native of Louisiana, was admitted June 11th into ward 11/2, Charity Hospital, suf-

fering from a gun-shot wound of Scarpa's triangle, which he had received several days before. The ball passed directly backwards and lodged in the gluteal region. On close examination a pulsating tumor was detected; it was about the size of a large hickory nut. There being no doubt about the nature of the tumor, and after consultation with Dr. Miles, we decided to ligature the artery above and below the tumor. A point was selected at the lower border of Poupart's ligament, and a vertical incision 21/2 inches long made. After carefully dividing the fasciæ, the femoral sheath was exposed and opened. The vessels were separated, and a needle armed with a silk ligature, passed from within outwards around the artery, which was firmly secured just above the aneurism. Another incision was then made below the tumor in the oblique axis of the limb and the course of the artery. The vessel was brought in view without difficulty and secured. There was but slight hemorrhage. The wound was closed and a dry dressing applied.

Pulsation ceased after the application of the first ligature. No pulsation at the foot could be detected. Ordered P. opii, gr. i, every hour. June 12—complains of cramps and tingling sensation in leg; temp. 103°. Leg feels cold; friction applied. Ordered h. c. 3 ij, which reduced the heat. June 13th—Better; temp. normal. June 17th—Slight suppuration. June 28th—Lower ligature removed; 29th, upper removed. The case progressed without a bad symptom, and was discharged cured on July 17th. He felt no inconvenience from the operation, and was able to walk perfectly well. The interest of this case hinges on the fact that the upper ligature was applied dangerously close to the point where the profunda is given off, and the rapid and perfect recovery made.

Respectfully,

D. Jamison, M. D.

REVIEWS AND BOOK-NOTICES.

Fifth Annual Report of the Board of Health of the State of Illinois, for the year 1882.

The Illinois board of health may be regarded as affording a model to this country, both as it respects its plan of organization and the comprehensiveness and efficiency of its practical work.

In our opinion the fifth annual report is the most interesting and instructive of any as yet published.

A very few short extracts are made to exhibit a portion of the work accomplished by the board.

Certificates authorizing the practice of medicine and surgery have been issued to 473 physicians during the year, being 37 less than preceding year. Of these 450 were based upon diplomas of reputable medical colleges; 17 upon the length of practice in the State prior to the passage of the medical practice act; and 6 upon result of examination. Licences to practice mid-wifery have been issued to 62 mid-wives; 36 based upon certificates, diplomas or licenses (mainly foreign); 13 on term of practice in the State; and 13 after examination by the board.

There have been in all, 7024 certificates to physicians, and 732 licenses to mid-wives, or a total of 7766 certificates and licenses issued since the organization of the board, in July, 1877.

In regulating the practice of medicine and surgery in the State of Illinois, the board accepts as a valid evidence of qualification, the diplomas issued by "legally chartered medical institutions in *good standing*."

In order to surmount, as far as may be possible, the difficulty in determining what colleges should be held to be in "good standing," the report sets forth a schedule of "minimum requirements for a medical college to be held in good standing."

This schedule of requirements is followed by a list of colleges not held to be in good standing, and students in-

tending to practice in Illinois are warned to acquaint themselves with this portion of the report.

There is published in this report a very complete directory of the institutions in the United States and Canada, which issue medical diplomas or licenses. One of the most important features of this directory is a compendium of laws affecting medical practice and medical men.

Next follows a very systematic and minute account of the small-pox epidemic of 1880-2, including as an addendum a valuable paper on the relations of small-pox and vaccination.

The medical profession of this country owe a large debt of gratitude to this Board of Health and to its zealous and worthy Secretary, Dr. Rauch, for the good work they are accomplishing in the advancement of medicine and sanitary science.

S. M. B.

A Practical Treatise on Fractures and Dislocations. By Frank Hastings Hamilton, late Prof. of Surgery in Bellevue Hospital Medical College, and Surgeon to the Bellevue Hospital, New York, etc. Seventh American edition. Philadelphia: Henry C. Lea's Son & Co. New Orleans: Armand Hawkins, No. 196 1/2 Canal street. Price, cloth \$5.50; sheep, \$6.50.

Until the first publication of this book, in 1859, there was not a single complete treatise on Fractures and Dislocations in the English language. For a quarter of a century the author has been elaborating and perfecting his work, so that now it stands the best of its kind in any language. The seventh American edition of this classical work now comes fresh from the hands of the publishers. It is thoroughly revised—in places re-arranged and rewritten. It is improved by the addition of one hundred and seventy-four pages, containing new material gathered from recent literature and culled from the author's extensive personal experience. The work is further improved by the addition of about fifty new illustrations, the more important of which are, Mason's dressing in fracture of

the nasal bones; Goffre's modification of Graefe's apparatus in fracture of the upper maxilla; Kingley's apparatus in fracture of the lower jaw; Bonnet's vertebral gutter in fracture of the vertebræ; the author's dressing for fracture of the clavicle; Levis' metallic splints in Colles fracture; Simmons' suspension-extension apparatus; the author's dressing for fracture of the femur; Trader's suspension apparatus for compound fractures of the leg; the Indian puzzle employed to make extension in dislocations of the shoulder, and the author's method of reducing dislocation of the femur on the dorsum of the ilium. There are also new plates showing the condition of the capsule in dislocations of the shoulder and femur; fractures produced in the cadaver, in the practical value of which in aiding the study of fractures in the living subject the author places but little confidence. There is a wood-cut showing the wounded vertebra in the case of President Garfield, with extracts from the official report of the autopsy.

In his preface the author speaks in very graceful terms of Dr. Lewis A. Stimson, of New York, and to Dr. Ponisot, of Bordeaux, the translator and editor of the French edition of this treatise, he acknowledges his indebtedness for most of the new material of the present volume. To those previously acquainted with Dr. Hamilton's work, words of commendation are scarcely necessary. As a text-book and as a book of reference and guidance for practitioners, it is simply invaluable.

A. B. M.

Osteotomy and Osteoclasis for Deformities of the Lower Extremities. By Charles T. Poore, M. D., Surgeon to St. Mary's Free Hospital for Children, N. Y., member of the New York Surgical Society. New York: D. Appleton & Co. New Orleans: Armand Hawkins, No. 196½ Canal street. [Price \$2.50.]

This work is a cloth-bound monograph of one hundred and eighty-three pages, written evidently after painstaking

research into the literature of orthopedics We regard this book as a useful contribution to this department of medicine. The author devotes one chapter to each of the following subjects: Osteotomy for Deformities at the Hip Joint; O. for Genu Valgum; O. for Ankylosis at the Knee Joint; O. for Tibial Curves; Osteoclasis. These chapters are interspersed with illustrative cases, which add much to their practical value. The work is evidently written by a physician of experience. In the chapter on Statistics of the Osteotomies the author says: "I have performed seventy-four linear and seventeen cuneiform osteotomies. All the patients on whom these operations were performed recovered with the deformity conected, except two cases of genu valgum " * * * * "I have been able to collect the result in fifteen hundred and ten (1510) cases of osteotomy for the correction of deformities at the hip joint, for genu valgum and tibial curvature." * * * * "Of the total number of osteotomies, fourteen hundred and forty-eight (1448) were linear and sixty-two (62) cuneiform. By the former fifteen (15) died, in ninety-two (92) suppuration is reported to have occurred, and in seventeen (17) there was some necrosis, a mortality of .010 per cent. * * * " Of cuneiform osteotomies, in seventeen (17) suppuration is reported, and five (5) died, a mortality of .96 per cent." * * * * "Taking the whole number of operations, there was a mortality of .0132 per cent." This monograph by Dr. Poore, will be valuable to those interested in this special surgery.

A. B. M.

Diseases of the "Throat and Nose." By Morell Mackenzie. P. Blackiston, Son & Co., Philadelphia. New Orleans: Armand Hawkins, 169½ Canal street.

Since the first volume of Mackenzie on the "Diseases of the Throat and Nose" appeared in Wood's Library, the second had been anxiously looked for, and our patient waiting has been at last rewarded. In order not to limit this work to the subscribers of "Wood's Library," Messrs.

P. Blackiston, Son & Co. have published a very handsome edition, and for this they should certainly have the thanks of those who would otherwise have been deprived of the book. The present volume treats of the "esophagus, nose and naso-pharynx."

It is fortunate to find a book on special subjects so interesting, for in these days of literary floods a general practitioner, and particularly a country practitioner, has neither time nor inclination to pore over a dull book that is not absolutely essential to his daily practice. We venture to say, however, that few who commence this volume will put it away without finishing, and to many there will come a recollection of cases they might have treated more intelligently had they had the work sooner. We will not attempt to go into the details of the book, but can certainly endorse it as the best and most thorough treatise of its kind in the English language.

One of the features of this work is the short and excellent histories which follow the definition of each disease. The formulæ also at the end of the book will furnish useful hints to practitioners in a department of therapeutics more generally neglected than it deserves.

G. B. L.

A System of Human Anatomy, Including its Medical and Surgical Relations. By Harrison Allen, M. D., Prof. of Physiology in the University of Penn., etc: Philadelphia: Henry C. Lea's Son & Co. New Orleans: Armand Hawkins, 196½ Canal street.

Section VI—Organs of Sense, of Digestion and Genito-Urinary Organs—completes the series of sections of Allen's Human Anatomy. This work combines Descriptive and Clinical Anatomy. Such works are constantly growing in professional favor. Allen's Anatomy is almost too volumnious and encyclopedical for the student, but in view of its medical and surgical bearings, it is a book of great value to teachers and practitioners. It will rank with the writings of Cruveilhier, the English Hunters and Sir Charles

Bell, in their day, Sibson and those great Germans, Luschka and Hyrtl. The work does high credit to American authorship, and should be in every medical library.

A. B. M.

The Theory and Practice of Medicine. By Frederick T. Roberts, M. D., B. Sc., F. R. C. P., Professor of Materia Medica and Therapeutics and Clinical Medicine at University College; Physician to University College Hospital; Physician to Brompton Hospital for Consumption and Diseases of Chest; Examiner in Medicine at the Royal College of Surgeons, etc., etc. Fifth American edition; 1008 pp. 8 vo. Illustrated. Price, cloth, \$5,00: full leather, raised bands, \$6.00. Philadelphia: P. Blakiston, Son & Co. New Orleans: Armand Hawkins.

This work has already established a reputation, but this edition is destined to add to its fame as a ready reference book for the practitioner and a valuable text-book for the student. The general classification of the contents is good, but the chief point of note is the careful arrangement of the material under each individual subject, whereby the author's meaning is at once apparent and easily appropriated by the student.

The publishers have certainly, on their part, produced a work of art—the paper is excellent, its tint pleasing to the eye and the printing hard to equal.

J. H. B.

An Introduction to Pathology and Morbid Anatomy. By T. Henry Green, M. D., London, Fellow of the Royal College of Physicians, Lond., Physician to Charing-Cross Hospital, and Lecturer on Pathology and Morbid Anatomy at Charing-Cross Hospital Medical School; Senior Assistant Pyhysician to the Hospital for consumption and diseases of the chest, Brompton. Fifth American from the sixth revised and enlarged English edition. Philadelphia: Henry C. Lea's Son & Co., 1884. New Orleans: Armand Hawkins, No. 169½ Canal street. Pp. 481. [Price, \$2.50.]

This new edition of one of the best and most deservedly

popular text books on pathology can not fail to be highly appreciated. The different subjects it embraces have been carefully modified and enlarged so as to meet the present state of pathological science. It contains over a hundred pages more than the former edition, and also a number of new engravings illustrating the more recent discoveries in morbid anatomy. The last chapter on vegetable parasites, has been very ably handled, and as it is a subject full of interest to all those endeavoring to comprehend the etiology and prevention of diseases, it constitutes a very valuable addendum to this treatise. As a guide to students in the study of pathology, we most highly recommend Green's book, and feel satisfied that any one who devotes time to its careful perusal, can not be but highly benefited.

P. E. A.

Materia Medica and Therapeutics. An Introduction to Rational Treatment of Diseases. By J. Mitchell Bruce, M. A. Aberd., M. D. Lond., Fellow of the Royal College of Physicians; Physician and Lecturer on Materia Medica and Therapeutics, Charing-Cross Hospital; Assistant Physician to the Hospital for Consumption, Brompton. Philadelphia: Henry C. Lea's Son & Co., 1884. New Orleans: Armand Hawkins, 196½ Canal street. [Price \$1.50, 12mo., pp. 547.]

This is one of the most valuable members of the student's manual series, of which so much in commendation has already been said in these columns. It is a truly admirable breviary of modern therapeutics, vieing in the excellence of its arrangement, and the highly scientific character of the text, with even the famed Farquharson and other like manuals. The book is chiefly therapeutical in its scope, and is intended to be a rational guide to the student and practitioner in the treatment of disease.

The author systematically traces the physiological action and uses of the different drugs in their passage through the body, from their first contact with it locally, until they are eliminated in the secretions. He has also adopted an admirable plan in dealing with general therapeutics, by discussing the actions and uses of remedies, not under the headings of artificial groups, but of the physiological systems of the body,—digestion, respiration, etc., so as to conduct the student from the facts with which he is familiar to the great principles of practice.

We recommend this book to both junior and senior students, as a most trustworthy and conscientious guide to the study of rational therapeutics.

R. M.

Henke's Atlas of Surgical Anatomy. Translated and Edited by W. A. Rothacker, M. D., Pathologist to Cincinnati Hospital, Lecturer on Pathological Anatomy in Miami Medical College. Publishers: A. E. Wilde & Co., Cincinnati.

The author has exercised good judgment in collecting a series of plates illustrating the application of anatomy to medicine and surgery. Such works are always valuable. This is the best of its kind, which have yet come under the reviewer's observation. Many of the plates depart from the stereotype cuts of text books. Those illustrating sections of visceral anatomy and the more important regions of surgical anatomy, are very good.

Henke's Atlas will be useful to the advanced student of medicine, as a supplement to his text books on anatomy; and valuable alike to practitioners of medicine and surgery, as a book of reference. To those looking for such a work, this is recommended.

A. B. M.

Publications Received.

A Contribution to the Study of Coryza Vasomotoria Periodica, or so-called "Hay-fever." By John N. Mackenzie, M. D., Surgeon to the Baltimore Eye, Ear and Throat Charity Hospital, Baltimore, Md.

Cases of Reflex Cough due to Nasal Polypi, with Remarks. By John N. Mackenzie, M. D.

Irritation of the Sexual Apparatus as an Etiological Factor in the Production of Nasal Disease. By John N. Mackenzie, M. D.

The Diseases of the Heart and Thoracic Aorta. By Byrom Bramwell, M. D., F. R. C. P. E., Lecturer on the Principles and Practice of Medicine and Medical Diagnosis in the Academical School of Medicine, Edinburgh, etc. With 317 illustrations. New York: D. Appleton & Co., Bond street. 1884.

The Ear, Its Anatomy, Physiology and Diseases. A Practical Treatise for the use of Medical Students and Practitioners. By Chas. H. Burnett, A. M., M. D., Professor of Otology in the Philadelphia Polyclinic and College for Graduates in Medicine. With one hundred and seven illustrations. 2nd edition. Revised and rewritten. Philadelphia: Henry C. Lea's Son & Co. 1884.

Practical Manual of Diseases of Women, and Uterine Therapeutics, for Students and Practitioners. By H. MacNaughton Jones, M. D., M. E. H., F. R. C. S., etc. New York: D. Appleton & Co., Bond street. 1884.

Transactions of the American Otological Society; Seventeenth Annual Meeting. New Grand Hotel, Catskill Mountains, July 15th, 1884. Vol. 3, Part 3. Published by the Society. 1884.

Transactions of the Medical and Chirurgical Faculty of the State of Maryland; Eighty-sixth Annual Session. Held Baltimore, Md. April, 1884.

Index Catalogue of the Library of the Surgeon-General's office, United States Army. Authors and Subjects. Vol. 5. Flaccus-Hearth. Washington: Government Printing Office. 1884.

Explanation of the Pathology and Therapeutics of the Diseases of the Nerve Centres, Especially Epilepsy. By J. McF. Gaston, M. D., Atlanta, Ga. [Advance sheets from Trans. Medical Association of Georgia.]

A Text-Book of Practical Medicine. By Alfred G. Loomis, M. D., LL. D., Prof. Pathology and Practical Medicine in the Medical Department of the University of the City of New York; Visiting Physician to Bellevue Hospital. Svo. With 211 illustrations, New York: William Wood & Co. 1884. New Orleans: Armand Hawkins.

The Elements of Pathology. By Edward Rindfleisch, M. D., Professor of Pathological Anatomy in the University of Wursburg. Translated by Wm. H. Mercer, and revised by James Tyson, M. D. Philadelphia: Blakiston, Son & Co., No. 1012 Walnut street, 1884.

Text-Book of Medical Jurisprudence and Toxicology. By John J. Reese, M. D., Professor of Medical Jurisprudence and Toxicology in the University of Pennsylvania, etc. Philadelphia: P. Blakiston, Son & Co., 1884.

Hand-Book of the Diagnosis and Treatment of Skin Diseases. By Arthur Van Harlingen, M. D., Professor of Diseases of the Skin, in the Philadelphia Polyclinic and College for Graduates in Medicine, etc. With colored Plates. Philadelphia: Blakiston, Son & Co., 1884.

A Practical Treatise on Fractures and Dislocations. By Frank Hastings Hamilton, A. B., A. M., M. D., LL D., Late Professor in Bellevue Medical College, and Surgeon to Bellevue Hospital, New York, etc. Seventh American Edition, revised and improved. Illustrated, 379 wood cuts, Philadelphia: Henry Lea's Sons & Co., 1884.

Osteolomy and Osteoclasis for Deformities of the Lower Extremities. By Charles T. Poore, M. D., Surgeon to St. Mary's Free Hospital for Children, New York Surgical Society, etc. New York: D. Applefon & Co., 1, 3 and 4 Bond street, 1884.

Atlas of Female Pelvic Anatomy. By D. Berry Hart, M. D., F. R. C. P. E., Lecturer on Midwifery, School of Medicine, Edinburgh, etc. New York: D. Appleton & Co., 1, 3 and 5 Bond street, 1884. [Price \$15.]

Branchial Cysts of the Neck. By N. Senn, M. D., Milwaukee, Wis. Reprint Jul. American Medical Association.

Advertisers' Reference Book for 1884. E. Denman Sniffen, 3 Park Row, New York.

The Medical Chronicle. A monthly record of the Progress of the Medical Sciences. Edited by James Niven, M. A., M. B., Canter.; and W. J., Sinclair, M. A., M. D., Aberd, Manchester, Eng. Vol. 1, No.1.

Genital Reflexes the Result of an Abnormal Physical Condition of the Genital Organs, known as Phimosis. By T. Griswold Comstock, M. A., M. D., St. Louis Mo. Reprint from the New York Medical Times, Sept., 1884.

JTEMS.

Dr. A. W. Reyes, a distinguished Cuban physician, has recently contributed a valuable and interesting monograph on "the hæmatemesic fever of creoles." It is the result of many observations made in Cuba at the suggestion of the Havana Commission of the National Board of Health, which visited Cuba in 1879. Dr. Reyes concluded, in an earlier paper on the subject, that the disease designated in the Spanish Antilles, as Fibre de Borras de los Criollos. was nothing less than yellow fever among the creoles, or natives of Cuba; his more recent observations, and more mature thinking, convince him that the disease is in reality a hæmatemesic malarial fever. Though this conclusion will not be accepted by many as final, yet the very accurate, detailed and able description of this form of pyrexia, together with his erudite comments thereon it, will prove a most valuable addendum to the important literature of Antillean diseases. The work we are pleased to notice, has been dedicated to three New Orleans physicians: Drs. Faget, S. E. Chaillé and Rudolph Matas, in proof we believe, of the appreciation in which the labors of American physicians are held in Cuba.

The friends and admirers of Dr. Stanford E. Chaillé, were startled some time ago by the announcement of his death in the last volume of Transactions of the Maryland Medical Faculty, of which he is an honorary member. We hasten to correct this inexcusable blunder of the compiler of the Transactions, though in so doing, we fear we are depriving our distinguished friend of much interesting reading in the shape of touching eulogies, etc.

Over \$7000 have thus far been collected by the N. Y. Medical Record for the Sims memorial fund.

Dr. Harry Marion Sims presented a bronze bust of his father, the late J. Marion Sims, to the New York Academy of Medicine, at its meeting October 16. The bust is copied from a marble image of the immortal gynecologist, by Dubois, the celebrated French sculptor.

It is announced in the editorial columns of the *Therapeutic Gazette* that the editorial management of this most valuable periodical will be transferred from Drs. Brodie, Mulheron and Lyons, the present talented incumbents, to Professors H. C. Wood and Robert Meade Smith, of Philadelphia, where the *Gazette* will henceforth be published The acquisition of Drs. Wood and Smith's editorship is another proof of the liberality and enterprise of the publisher. Mr. Geo. S. Davis, and insures to the profession a journal in the interests of scientific pharmacology and practical therapeutics, which we venture to predict will be the best of its class in the world.

Strongly confirmatory of the conclusions arrived at in our editorial on Neisser's gonococcus, is the information given by Dr. E. C. Wendt, of New York (N. Y. Medical Record, October 25), that in the scrapings from the different portions of the human urethra, he has found micrococci morphologically identical with Neisser's so-called gonococci. He will publish at a later date the results of a large number of observations, which, in conjunction with Dr. C. W. Allen, of New York, he has already made, and is still engaged in making.

The College of Physicians and Surgeons of New York city has just been presented with the magnificent gift of half a million of dollars, by William H. Vanderbilt. The Faculty of the College of Physicians and Surgeons already has property valued at nearly 200,000. With its recent gift, therefore, it becomes (according to the N. Y. Record)

the richest institution of its kind in America.

Since our editorial notice on the local anæsthetic, cocaine hydrochlorate, was written, Drs. H. Knapp and and St. John Roosa have contributed in the N. Y. Record a series of cases of eye and ear troubles operated with perfect success under the remarkble influence of this agent. Drs. Le Roy Walker and Herbert Claiborne contribute in the N. Y Medical Journal a considerable number of observations, in which they substantiate the anæsthetic pow-

ers recently accredited to this agent. The *Philadelphia Medical News*, in its latest issue (Oct. 25); also publishes another confirmatory report from Dr. C. Cocks, of Randall Island Hospital, New York.

Our esteemed friend Dr. Geo. H. Rohe, Professor of Hygiene and Dermatology in the College of Physicians and Surgeons of Baltimore, has finished a comprehensive treatise on the Principles and Practice of Preventive Medicine from an American Standpoint, which will comprise about 300 pages. This work, which will soon be published, we have no doubt will reflect credit upon its talented author.

We are gratified to learn of the recent appointment of Dr. J. McF. Gaston to the chair of Surgery in the Southern Medical College of Atlanta, Ga. Dr. Gaston has contributed some very interesting and valuable papers to this Journal, and we are certain that this announcement will please our subscribers who have frequently testified their appreciation of his able productions. We congratulate the Faculty of the Southern Medical College upon so valuable an accession.

Mr. John Netten Radcliffe, M. R. C. S., the noted English epidemiologist, is dead.

The committee charged with the organization of the Ninth International Congress, to be held in Washington in 1887, is composed of the following well known gentlemen: Drs. Austin Flint, of New York; I. Minis Hayes, of Philadelphia; L. A. Sayre, of New York; Cristopher Johnson, of Baltimore; Geo. J. Engleman, of St. Louis; I. S. Browne, U. S. N., and J. S. Billings, U. S. A.

The mortality of the globe, as given by a continental journal, which has made the computation, is as follows: Per minute, 67; per diem, 97,790, and per annum, 35,639,835; whereas the births are 36,792,000 per annum, and 100,000 per diem, and 70 per minute.—Maryland Medical Journal.

It may be safely stated that at least one-fourth of all adult mortalities occuring among civilized peopled is caused by consumption. In New Orleans alone we find according to Dr. Joseph Jones' researches, that in 1882 tubercular diseases killed 1038 out of 225,000 inhabitants, or about one-sixth of the total mortality for that year. During a period of thirty-four years, 1842 to 1880, 10,950 cases of phthisis pulmonalis were treated in the Charity

Hospital, with a mortality of 5,600, or 51.20 per cent. During thirty-six years, 1844 to 1882, pulmonary consumption occasioned in New Orleans 25,825 deaths. During the same period, tabes mesenterica, an allied affection, occasioned 4,950 deaths, swelling the total mortality by tuberculous disease to 30,778 deaths. Not less than 50,000 people out of the 20,000,000 of inhabitants of the Mississippi Valley die annually from consumption; in other figures 500: 200,000 perish from the devastating malady. And in the United States alone, not less than 100,000 people die every year as a result of its ravages. "Not one hour strikes upon the horologue of time in which there are not in our country half a score of victims stricken dead by this insatiate destroyer."

According to M. M. Griffith (*Medical World*), the following is the most powerful emmenagogue in cases of suppressed menses from *any cause*, pregnancy excepted. Stoppage produced by cold, etc., is restored by this preparation in forty-eight hours. R. Pulv. alöes socot; titanii carbon. aa 5j. M. Ft. pill, No. xxx. Sig.—One pill three times daily. They should be commenced from one week to ten days before the expected menstrual period.

At the recent meeting of the American Public Health Association, the following officers were elected for the ensuing year: president, Dr. James E. Reeves, West Virginia; 1st vice-president, Hon. Erastus Brooks, New York; 2d vice-president, Dr. Henry E. Baker, Michigan; Treasure, Dr. J. B. Lindsley, Tennessee. The next meeting will be held in Washington, D. C., December 7th, 1885.

According to Dr. Bernard Persh (*Med. News*), the best remedy for tape worm is the following: R. Olei Crotonis tig., gtt. i; Chloroform. 3i; Glycerine 3i; M. et sig: To be taken in the morning before breakfast. No preparatory treatment is necessary, except half an ounce of Rochelle Salts on the evening preceding the removal. This remedy succeeds according to Dr. P. when all others fail.

According to Dr. H. G. Beyer, U. S. N., who has been conducting a series of experiments on the action of carbolic acid and atropia on the heart of the terrapin and frog, atropia and carbolic acid, physiologically antagonize each other, so that in cases of carbolic acid poisoning atropia could be given, and vice versa.

Dr. F. E. Daniel, senior editor of the *Texas Courier-Record*, has removed from Fort Worth to Austin, Texas, where he will continue to edit his spicy publication, with his wonted zeal and ability. He is also engaged at present in compiling and editing a "Biography of Contemporary Physicians of Texas," which will no doubt prove very interesting and valuable to our Texas confreres.

Prof. Neisser, in his paper on the period of cessation of the contagion of gonorrhea, thought three months probably long enough.

Prof. Janowisky, of Prague, has seen many cases of iodoform exanthem due to absorption of the drug.

Sir Lyon Playfair, K. C. B., M. P., has accepted the presidentship of the British Association for the meeting in Aberdeen in 1885. The selection of Sir Lyon Playfair is in every way a happy one, and augurs well for the success of the meeting.

We are indebted to the *Medical World* of Philadelphia for a copy of an elaborate chart of urinary analysis, as issued to the subscribers to *World*.

The Pacific Medical and Surgical Journal has been united with the Western Lancet. The new periodical—which will be the only one on the Pacific Coast devoted to the interest of the regular profession—will be under the joint charge of the senior editor of the Journal and the editor of the Lancet. The subscription price will be \$2 50 per year.

Dr. Julius Wise, of 806 Olive street, St. Louis, proposes to publish on "Encyclopædia of Medical Wit, Humor and Curiosities of Medicine." He wants all doctors who know anything funny, of a medical nature, to contribute to it.

NECROLOGICAL.

DEATH OF COHNHEIM.—Prof. Virchow announced at the International Medical Congress the death of Julius Cohnheim. He was a pupil of Virchow, and in ability second perhaps only to his master. He is especially noted for his contributions to pathology in the migration of the white blood corpuscles. He died August 14th, aged 45.

Died, at his home in Augusta, Ga., Louis Alexander Dugas, M. D., in the seventy-eighth year of his age. Dr. Dugas was born in Washington, Ga., 1806, of French West Indian parentage. After receiving his early education from a private tutor he began the study of medicine in the office of Dr. John Dent, of Augusta. Then he pursued a course of study in the medical department of the University of Maryland, from which he graduated in 1827. He passed four years in study in Europe, and then settled down to the practice of his profession in Augusta. In 1832 he was one of the founders of the Medical College of Georgia, and filled the Chair of Surgery. He retained this position until the close of his life. He has several times served as President of the Medical Association of Georgia. He became editor of the Southern Medical and Surgical Fournal in 1851, and retained the position for seven years. During the war he was a volunteer surgeon in many of the millitary hospitals.

Professor Herman Von Zeissl, who added so much to dermatology and syphilography, has recently died in Vienna.

Died, at Pine Bluff, Arkansas, on the 16th of September,

1884, E. H. Alexander, M. D., aged thirty years.

This is indeed a sad announcement to those who knew the deceased, especially to the junior physicians of our city and State, many of whom were his classmates in the

University of Louisiana.

On the 5th of April, 1881, he was appointed, after competitive examination, a resident student in the Charity Hospital. He served his apprenticeship in medicine with much credit; always prompt and efficient in his work, he won the regard of his seniors. Honest and warm-hearted as a friend, by his frank and ingenuous manners, he drew his associates very closely to him. He graduated in the University of Louisiana, in March, 1882, and located in Pine Bluff, Arkansas. At the time of his death, he was associated with Dr. J. A. Owens, and living the useful life of a busy practitioner of medicine. With his relatives and friends we have only words of kindly sympathy. We sincerely share their sorrow.

METEOROLOGICAL SUMMARY—SEPTEMBER. STATION—NEW ORLEANS.

Least daily range of Temperature, 8.3. Second	Date	Daily Mean Barometer.	Daily Mean Temp'rature	Daily Max.	Daily Min.	Daily Rain fall, inches.	GENERAL ITEMS.
Date of solar halos, 3. Date of solar halos, 3.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	29.888 29.948 30.011 30.051 30.051 30.97 29.943 29.944 29.957 20.002 30.006 29.979 30.002 30.115 30.016 30.040 29.993 30.123 30.117 30.058 30.005 29.935 30.005 30.005 30.005 30.005 30.005 30.005 30.005 30.005 30.006	81.6 60.4 79.5 80.4 77.7 77.0 81.0 81.0 81.0 84.3 83.0 84.3 85.0 67.7 81.7 79.1 81.7 79.1 81.7 79.1 81.7 79.5 81.7 79.1 81.7 79.1 81.7	77.70.70.70.70.70.70.70.70.70.70.70.70.7	71.0 775.3 74.0 73.7 72.9 74.2 77.4.3 77.5.2 77.6 77.0 77.0 77.0 77.1 77.3 77.3 77.0 77.0 77.1 77.1 77.1 77.1 77.1 77.1		Lowest Barometer, 29.861. 1st. Monthly Range of Barometer, 00.322. Highest Temperature, 92.3. 12th. Lowest Temperature, 70.2. 16th. Greatest daily range of Tempert'e, 17.5'. Least daily range of Temperature, 8.3. Mean daily range of Temperature, 13.0. Mean Daily Dew-point, 71.3. Mean Daily Dew-point, 71.3. Mean Daily Relative Humidity, 74.4. Prevailing Direction of Wind, East. Total Movement of Wind, 4576 Miles. Highest Velocity of Wind and Direction, 24 Miles, Southeast. No. of foggy days, 0. No. of felar days, 12. No. of cloudy days, 2. No. of cloudy days, 2. No. of days on which rain fell, 19. Date of solar halos, 3. Dates of lunar halos, 25. COMPARATIVE MEAN TEMPERATURE, 1873

M. HERMAN, Sergeant, Signal Corps, U. S. A.

MORTALITY IN NEW ORLEANS FROM SEPT. 28TH, 1884, TO OCT. 25TH, 1884, INCLUSIVE.

Week Ending.	Yellow Fever.	Malarial Fevers.	Consumption.	Small- Pox.	Pneu- monia	Total Mortality.
Oct. 4th	0	20	15	0	3	115
Oct. 11th	0	II	19	0	1	113
Oct. 18th		II	13	0	I	102
Oct. 25th		13	13	0	I	811
				0		
Total	0	55	60	0	6	448

LACTOPEPTI

DEMONSTRATED SUPERIORITY OF LACTOPEPTINE A DICESTIVE ACENT.

Certificate of Composition and Properties of Lactopeptine by Prof. Attfield Ph. D., F. R. S., F. I. C., F. C. S., Prof. of Practical Chem. to the Pharmaceutical Society of Great Britain.

LONDON, May 3, 1882. Lactopeptine having been prescribed for some of my friends during the past five years—apparently with very satisfactory results—its formula, which is stated on the bottles, and its general characters, have become well known to me. But recently, the manufacturer of this article has asked me to ently with very satisfactory results—its formula, which is stated on the bottles, and its general characters, have become well known to me. But recently, the manufacturer of this article has asked me to witness its preparation on a large scale, to take samples of its ingredients from large bulks and examine them and also mix them myself, and to prepare Lactopeptine from ingredients made under my own direction, during all this with the object of certifying that Lactopeptine is what its mekers profess it to be, and that its ingredients are in quality the best that can be obtained. This I have done, and I now report that the almost inoderous and tasteless pulvernient substance termed Lactopeptine is a mixture of the three chief agents which enable ourselves and all animals to digest food. That is to say, Lactopeptine is a skillfully prepared combination of meat-converting, tat-converting, and starch-converting naterials, acidified with those small proportions of acid that are always present in the healthy stomach; all being disseminated in an appropriate vehicle, namely, powdered sugar of milk. The acids used at the factory—lactio and hydrochlotic—are the best to be met with and are perfectly combined to form a permanent preparation; the milk sugar is absolutely pure; the powder known as "diastase" or starch-digesting (bread, potator, and pastry-digesting) material, as well as the "pancreatine," or fat-digesting ingredients, are as good as any I can prepare; while the pepsin is much superior to that ordinarily used in medicine. Indeed, as regards this chief ingredient, pepsin, I have only met with one European or American specimen equal to that made and used by the manufacturer of Lactopeptine. My conclusion is that Lactopeptine containing the same weight of the same pepsin. Sooner or later, however, the action of the Lactopeptine containing the same weight of the same pepsin. Sooner or later, however, the action of the Lactopeptine covertakes and outstrips that of pepsin alone, due, no doubt, to the meat-digostin

JOHN ATTFIELD.

LACTOPEPTINE centains all the agents of digestion that act upon food, from mastication to its conversion into chyle, thus combining all the principles required to promote a Healthy digestion.

One of its chief features (and the one which has gained it a preference over all digestive preparations) is, that it precisely represents in composition the natural digestive juices of the stomach, pancreas and salvary glands, and will therefore readily dissolve all foods necessary to the reconstruction of the human organism.

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Sugar of	Milk		ounces. Veg.
Pepsine			ounces. Lacti
Pancreati	ne	6	ownces. Hydr

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The undersigned having tested LACTOPEPTINE, recommend it to the Profession.

ALFRED L. LO(MIS, M. D., Prof. of Pathological and Practice of Med., University of the City of New York.

Medical College
Med., University of Med., Prof. of Materia Medica, New York
Medical College
Medical

PROF. JOHN ATTFIELD, Ph. D., F. R. S., F. I. C., F. C. S., London, Eng., Prof. of Prac. Chem. to the Pharmaceutical Society of Great Britain.

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IT HAS SUSTAINED A HIGH REPUTATION in America, and England for efficiency in the treatment of Pulmonary Tuberculosis, Chronic Bronchitis, and other affections of the respiratory organs, and is employed also in various nervous and debilitating diseases with success.

ITS CURATIVE PROPERTIES are largely attributable to Stimulant, Tonic, and Nutritive qualities, whereby the various organic functions are recruited.

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VOL. XII.

DECEMBER, 1884.



THE NEW ORLEANS

MEDICAL AND SURGICAL

JOURNAL.

EDITED AND PUBLISHED BY

THE NEW ORLEANS MEDICAL PUBLISHING ASSOCIATION.

New Series—Published Monthly at \$3 per Annum, in advance. Single Sopies, 30 Sents.

> Paullum sepulta distat inertia Celata virtus.—Horace.

DISCLAIMER.

The Editors of this Journal, while commending its contents to its readers as worthy of their attention, would not be understood as endorsing any opinions or statements in articles not written by themselves.

NEW ORLEANS:

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1884.

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(See advertisement p. 16.)

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Tongolime is a combination of Tonga with powerful salicylates, whereby the remedial properties of the Tonga are secured and increased. Each strid drachin of Sougetime represents: Tonga, 30 grains; Extractum Cimicifuge Rucemose, 2 grains; Sodium Salicylate, 10 grs.; Pilocarpin Salicylate, 1-100 grain; Colchicin Salicylate, 1-500 grain.

It is taken internally and intended to reach the cause of the complaint, not merely to allay the symptoms. Contains no opium in any form whatsoever. Is attended with no injurious nor unpleasant reactionary effects.

DOSE: Teaspoonful. In acute cases every hour until pain ceases, then discontinue. In chronic forms, four to six times per day at regular intervals. To prevent recurrence, every two hours.

St. Paul, Minn., Nov. 16, 1883.

I am prescribing Songwine with satisfactory results. For the indefinite aches and pains of nervous patients it is superior to any other anodyne. For nervous headache or muscular there is a length of the parties of rheumatism it is almost a specific.

PARK RITCHIE, M.D.

Cleveland, Ohio, July 30, 1883.

I have used your preparation, Surgesting, extensively, and have been well satisfied with its results. You are to be congratulated on the value of the article which you offer to physicians.

R. A. VANCE, M. D.

Plainfield, N. J., March 11, 1884.

Have used Souccease constantly for some months both in private and hospital practice, and found it all I could have desired.

C. M. FIELD, M.D.

TARRET

St. Louis, July 20, 1883.

I have found sougerime a useful combination in rheumatic neuralgia. C. H. HUGHES, M.D.

Louisville, Ky., June 12, 1883.

I have used Sougarine during the past few weeks in neuralgic affections, many of them in a severe form, with the most gratifying results, and these results have been quite uniform.

T. S. BELL, M.D.

Cincinnati, March 11, 1884.

Have used Dougowie in cases of neuralgic headaches with success in almost every instance. In strictly neuralgic forms it is unexcelled.

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O. D. NORTON, M.D.

NEW ORLEANS MEDICAL AND SURGICAL JOURNAL.

DECEMBER, 1884.

ORIGINAL PAPERS.

Croup.

Read before the Philadelphia County Medical Society, October 8, 1884.

By DR. T. V. CRANDALL.

The essential characteristics of true croup, and diphtheritic croup, have been under discussion for a number of years. The last paper, I believe, read before this Society on this subject was in November, 1875, by our popular President, Dr. Welch. Many prominent German and English authors advocate their identity, while our best American authorities regard them as distinctive, and many medical gentlemen have expressed *positive* views in the recent issues of the medical journals against the identity of these diseases.

On seeing the annual return of deaths from croup, for 1883, at five hundred, I resolved to correspond with physicians enough to obtain reports of one hundred cases, and make a home study. Through private sources and the Board of Health Register, I obtained the names, residences, sex, age, date of death of patients; names and addresses of the attending physicians, and report these results. My first inquiry, "Did you perform tracheotomy?"—shows fifteen cases operated on and death resulted by the disease extending downwards. Second, "Did you find diphtheritic complications?"—twenty-nine cases are reported as diph-

theritic croup; seventy-one as true croup. None of the diphtheritic croup were operated on: the physicians giving as a reason, "that to operate in these cases is useless." "Was permission to operate refused?" This answer is avoided or omitted by twenty-five; twenty replies did not think it of any use to ask or to operate, as their case was too far gone when they were called: twenty-six were refused by relatives. In connection with the above investigation, I will make a few comparisons between the diseases under discussion, though familiar to you all. From 1846 when one hundred and eleven cases of true croup were reported, there was a gradual increase in death until 1859, when it reached three hundred and twelve. No cases of diphtheria are reported until 1860. From 1850 to 1860 there were 2539 deaths from croup. From 1860 to 1870—3031 deaths from croup; and in this decade 2795. Since 1860 diphtheria becomes an established fact, giving, say, thirty per cent. of diphtheritic croup, yet there is no great increase in true croup returns above what we would expect by growth of population.

"It is difficult to estimate the number of deaths from true croup since diphtheria has made its appearance in the mortality list of the city as many cases of diphtheritic croup have unquestionably been returned as pseudo-membranous laryngitis" (Meigs and Pepper). I lean towards the belief that many physicians losing cases of croup and believing in its identity with diphtheria, would take the benefit of a doubt, and call it diphtheritic on general principles; i. c., their conclusions easily get the start of their reasoning, although we have such overwhelming proof of the distinctiveness of these diseases.

The largest weekly return in 1883 was twenty-four deaths from croup in the week ending December 29. The first day, a heavy snow, followed on the second day by rain; third day, light rain and cloudy; fourth day, cloudy: fifth day, light rain: sixth and seventh days, clear, with the thermometer 30 to 34 above zero. This condition of humidity, with a mean temperature of 31, and the ground

covered with snow and slush, proves that cold and dampness produce croup. All writers agree that diphtheria is epidemic and contagious. "Croup is sporadic. We may produce croup in rabbits and dogs by an application of caustic to the tracheal mucous membrane, and the inspiration of hot vapor of water" (Hensch). "It is on this membrane that croup begins. It is in the mucous membrane of the pharynx that diphtheria begins as an exudation, and spreads to and into the tracheal membrane" (Flint, Bartholow, Da Costa, Day, and others). The physicians of this city, who have kindly answered my inquiries, report seventy-one cases of true croup, in a hundred, that had no diphtheritic complication, and fifty say directly, or indirectly under the head of general remarks. that they were not called early enough to do much by treatment; the immediate cause of their being called was sudden attacks of dyspnoa, etc. But how different when constitutional symptoms in diphtheria are so alarming, that before there is exudation, the physician is called to treat these symptoms, caused by specific poison.

We are unable to say that the pseudo-membrane of croup extends to or is found in the stomach, kidneys, intestines, or any part except the trachea or bronchi. All authorities agree in finding diphtheritic deposits on all the above membranes, and say it may be found on any mucous membrane or abraded surface. These advocates of identity distinctly call it diptheritic when found in the above localities, but identical with croup when it occurs on the fauces and tracheal membranes. "Truly, then, this idea of unity is drawn from coincidences. The pseudo-membrane in both, and the cynanche not always in diphtheria, but always in croup, being the principal feature of the case" (Crouch). "When only the epithelium is destroyed, the fibrinous exudation lies only on the 'membrana propria' of the mucous membrane, from which it can be readily stripped off, without loss of substance. This is croupous. When the primary necrosis involves the tissue cells, as well as the epithelium, the fibrinous exudation extends from the surface into the

tissue of the mucous membrane, and cannot be removed without loss of tissue. This form is properly diphtheritic ' (Flint). There are greater pathological differences between these diseases than between typhus and typhoid fevers, and yet we make marked distinctions, and draw the lines closly in diagnosing them.

We have seen that the cause of croup is cold and dampness. We all know that diphtheria is caused by a specific poison. We find croup local, and constitutional disturbances, subsequent upon the local trouble. We find the constitutional symptoms first in diphtheria We have found croup in the larynx and trachea, and diphtheria any where; more frequently in the pharyngeal membrane. The most important change is found by pathologists in the blood. And here also is the greatest point of difference. A healthy child is taken ill with croup without any previous time or blood-poison to debilitate, and dies in three or four days-in a few hours, sometimes, after having played and been around the house; do you find the extensive changes in the kidney structure reported after diphtheria? We do not have endocarditis, or rapid fatty degeneration of the heart, and numerous structure changes reported in diphtheria, nor the altered condition of blood.

TRACHEOTOMY.

I am an advocate of tracheotomy. There are many physicians in this city who do not believe in it. Just in this particular this question of identity of these diseases needs to be more definitely settled. If they are identical, it is argued that to operate in diphtheria is useless. Some of the answers to my inquiries say it would be madness! Then this identity theory is mischievous, inasmuch as, if physicians do not believe in, and make themselves familiar with, the operation, they neglect the most important remedy. Prof. Von Langenbeck, of Berlin, made a study of 556 operations from 1870 to 1876. Thirty per cent. recovered, and of these 85 were on children under two years of age; the youngest seven months old (Am. Jour. Med.

Sciences, April, 1878). Dr. Geo. Buchanan operated on 46 cases; 17 cured, 29 died; of these, true croup 16, cured 6, died 10. In diphtheritic croup, 30: cured 11, died 19 (British Mcd. Jour., Sept. 4, 1876). Dr. Boeckel reports 22 cases and 13 recoveries (London Mcd. Record, Nov., 1880).

A physician of Strasburg operated on a child six weeks old successfully: Mr. James Bell, of Edinburgh, at six months; Mr. Tait, seven months; Dr. Greenfield, ten months; Mr. Cooper Foster, at eleven months (Am. Jour. Med. Sciences, Jan., 1881). And a larger percentage of younger children could be obtained, it the effort were made more frequently. Bayne found, in investigating 920 cases, that better results were obtained in private practice than in hospitals (Med. News, Aug. 2, 1884).

Is not the question, "Have ANY lives been saved by tracheotomy in diphtheria or croup?" paramount to how many? Is not the patient fully entitled to the chance by a simple opening of the wind-pipe, which gives no constitutional surgical shock? If we are refused by parents, it is in part our own fault. The lack of confidence on our own part is quickly observed by the laity. Let a sufficiently determined enthusiastic physician or surgeon believe he can save a child, and show it in manner, and the loving mother will soon catch the inspiration. Let him persevere, and a fair percentage of successes will reward him for his untiring energy.

I have quoted some foreign authors on statistics of tracheotomy, as we have not yet arrived at that stage of perfection in gathering statistics which they have. If our Society had a record-book, and its members would agree to make annual reports on this subject, we could arrive at an approximate idea of how much this operation is resorted to in this city.

If every hospital in the city would prepare a room with the necessary apparatus, and do away with "red tape," to the extent that any physician in good standing could take his patient there and operate himself, if he wished to, putting the patient in care of a trained nurse, admitting the mother or some near relative; if some or all of the dispensaries did the same, then there would result a decrease in the death rate of croup. At present, we have some practitioners who use turpeth mineral and never lose a case; others calomel, with almost like success; then there are as many known cures as there are for rheumatism, and yet a death-list of four to five hundred a year.

Case No. 1.— I was called, December, 1875, to see Lizzie B., æt. 4 years; arrived at 8 p.M.; found child on a settee; complete apnœa existed at the moment of my arrival. The attending physician had abandoned the case as hopeless, earlier in the day. With the assistance of one woman, who held a lamp with a broken chimney, I then divided the skin-fat and fascia by one incision, exposed the commissure of the sterno-hyoid muscle and made an incision into the trachea. Not having any assistants to hold retractors, I separated the edges of the wound with my bent ear-forceps in my left hand, while I inserted a single canula with my right hand. This little instrument has served me in emergencies instead of one or two assistants, on several occasions, for, by inserting the forceps, closed, into the tracheal incision, I separated the walls, introduced the canula, and obviated cutting away the walls of the trachea, as recommended by some authors. After the first expulsory efforts, which were very violent, the child breathed naturally, the pulse came down, full and strong. The temperature, 105', fell, in a few hours, to 102. On the 11th, I asked my friend, Dr. Swayzee, to assist me in removing the single canula, and inserted a double canula. He expressed serious doubts as to the child's recovery. She is now a large, healthy young girl.

Case No. 2.—December 15, 1876. J. C., age 3 years 6 months. This case of true croup I was called to too late. The usual treatment of no avail, and apnœa almost complete. I operated with the assistance of women, and all went well until the third day, when in my absence, and in the temporary absence of a level-headed relative who had nursed my little patient faithfully, an ignorant woman in charge allowed the tube to become displaced, and before I reached the house the child had died of suffocation. I felt keenly the disappointment, as I had within my grasp another successful case.

Case 2Vo.3.—December 14, 1877. Martha G., at. 3 years. Diagnosis, membranous croup. In symptoms and other respects similar to Case No. 2. I treated this child with the usual remedies, including lime vapor, etc. On the 16th, at the last moment, I obtained consent of parents to operate, assisted by Dr. R. G. Stretch. The patient did well until the night of the 18th. The room was narrow and long, with a stove in the middle. and a window at one end. I placed the patient farthest from the window, but, on her own responsibility, during the night, the mother moved the crib next to the window, opened it so her child could get more air. On the 19th I called my friend Dr. Stretch to see the case with me. She died of pneumonia.

Case No. 4.—February 23, 1878. Henry W., æt. 4 years, 3 months, had bad croupy cough, sharp and abrupt in character, with a crowing and whistling inspiration. The treatment, turpeth mineral in three-grain doses every three hours until emesis was produced: but I was alarmed at the great prostration it produced; resorted to alum, expectorant mixtures, principally ipecac, steam inhalations, and yet inspiration became more labored and was attended with violent efforts. The strength of the child being sufficient, notwithstanding the emetics (but paroxysms of dyspnæa were distressing, the child standing upright and raising the arms in the air to increase the action of the respiratory muscles), when in the last struggles, I operated, inserting a double canula. All went well until the ninth day. I had removed the canula each day after the fifth day of insertion until I was satisfied it was safe to permanently close the opening on the eight day. On the ninth day, thinking the child well enough not to require careful nursing, the family allowed him to take a severe cold, and he died of congestion of the lungs.

Case No. 5.—Elwood D., æt. 5½ years, temperature 106, which was reduced, and as he was in spasms when I first saw him, I waited developments which proved to be variola. I put him in front room, third floor, with his father as nurse. A severe laryngidis set in on the seventh day of eruption; expectorants, emetics, hot fomentation to throat, lime vapor and the usual remedies, chlorate potassa and iron, failed to give relief until suffocation set in sufficiently to make his case hopeless. Unable to get a neighboring physician to assist me, I operated with the assistance of the father. I administered chloroform and by lamp-

light successfully inserted a double canula. On the seventh day I removed it and closed the wound. The boy made a good recovery, and, with the exception of some chronic conjunctivitis, is well.

DISCUSSION ON CROUP.

Reported by G. Betton Massey, M.D.

Dr. J. Solis Cohen, in opening the discussion, said: The principal impression gained from this paper is the importance of tracheotomy. As regards the identity of these diseases, while I contend there is a difference, I am not prepared to recognize so great a difference as is claimed by the reader of the paper. Croup and diphtheria do not present in the alleged proportionate frequency. membranous croup is a very rare disease, and that is the reason so many disbelieve in its existence. The series of successful tracheotomies, reported by Dr. Crandall, is very remarkable, and I trust that in future his success may continue to be as great. It is certainly greater than any that has been reported in this or any other city, probably in the United States. Some years ago (1873), I prepared a paper for this Society, in which the results of more than five thousand cases were given. The proportion of successful operations was about one to four. Before that paper was presented, operations had been rare in Philadelphia; since then they have become more frequent. The ratio of success is not always maintained in one's later experience. Thus the late Dr. Hodge, who at one time reported four cases, three of which recovered, told me that he had subsequently operated seven times in succession without another recovery. Dr. Jacobi, whose success had been exceptionally good at one time, informed me some years afterwards that he had been so unfortunate as to lose one hundred cases in succession, and thus his early confidence in tracheotomy has been modified.

The reason for this variation of results is, I think, plain. We are careful of our first cases. We see them frequently after operation, just as the writer of the paper has done. When we become older, this time is not at our disposal. The after-nursing I regard as of the very highest importance, and I have long made it a rule never to operate unless sure that this will be properly attended to. The time for operation is a question of great moment. The best rule is to operate as soon as the thought of the necessity comes into your mind. Success depends on early

operations, other things being equal. The tube appears to me to be a necessity. To dispense with it I regard as dangerous, notwithstanding it is thought by some to produce irritation, and thus favor the deposit of new membrane. A few years ago, impressed with the encomiums of Dr. Martin, of Boston, I adopted the plan of keeping the edges apart by ligature without a tube: but inattention in nursing allowed the opening to become so frequently occluded by the soft parts, in the motions of the child, and suffocation, fortunately overcome at the moment, having ensued on one occasion. I have felt no desire to repeat the experiment.

Steam in the room, and the maintenance of an equability of temperature, are important. If I had but two things to depend upon in croup, I would choose vapors from slacking lime. But a small piece in a pan of water upon the stove will not answer. Copious disengagement of vapors are needed, just such as were produced by the ignorant Irishman mentioned in the paper. I have no notion that the action of the lime is chemical, although I am aware of its slow action on membrane in a test tube. I believe that it acts mechanically. Small particles of lime are carried up with the vapor of water: these get under the false membrane, which does not everywhere hug the tissues closely, and act as minute wedges: the accompanying vapor of water follows and detaches the products.

I believe that I have seen life saved more frequently by lime used in this manner than by tracheotomy. Dr. Crandall has been fortunate in braving the contingencies that surrounded some of his cases. There are very few men brave enough to operate without adequate assistance, and with the light furnished by an uncertain lamp. Anomalous

blood-vessels often give unexpected trouble.

As regards the point of incision, my own plan has been to perform the low operation—that is, the one below the isthmus of the thyroid gland. A larger tube can be inserted there, and the wound is further from the seat of disease. It is true this is the more difficult operation, but there is no occasion for a hurry, unless immediate death is threatening. The ten or fitteen additional minutes required for a deliberate operation steal nothing from the patient's chance of life. In an emergency, of course there is no choice. All the tissues may have to be incised in one cut. Another fact rendering the lower operation more favorable is the lessened liability of coming directly upon masses of

pseudo-membrane, which may be forced down the trachea

in the very act of incising it.

An important point, too, not appreciated by the majority of operators, is that this false membrane is a foreign body, and should be removed. The first thing to be done after the trachea is opened, is not to put in the tube, but to make a thorough search for false membrane, and to remove all within reach. Then the edges of the cut should be kept asunder and cough be excited to drive more out. If this were done more frequently, the statistics of recovery from the operation would be much more favorable.

We sometimes have hemorrhage to deal with. The best method to treat this is to plug the wound about the tube with absorbent cotton. Never hunt for the vessels; pressure gives the best results. The character of the tube is important; these are often found made of hard rubber, but I do not consider such material desirable. It is thicker than silver, thereby lessening the calibre, and does not tarnish when the wound goes wrong; and this latter characteristic of silver tubes is frequently of service. The tube should be of equal calibre throughout, and not made tapering. so that the patient may get all the air he is supposed to get.

In answer to an inquiry from Dr. H. R. Wharton as to his use of chloroform, Dr. Cohen replied that the operation was made easier by anæsthetics, but the safest plan is not to use them. Ether is out of the question, if ordinary artificial light be close. The patients were usually numb and insensitive from impending carbonic-acid poisoning, and when retaining sensibility often seem to understand the purpose of the operation, and do not struggle. Struggling should be prevented by wrapping the trunk and limbs

in a sheet or a towel.

Dr H. R. Wharton: I agree with Dr. Cohen that the results of Dr. Crandall's operation have been remarkably successful. The results of my own cases have been fairly

encouraging.

As to the two diseases under consideration, I believe in their non-identity. With Dr. Cohen, I am opposed to the use of an anæsthetic in the operation of tracheotomy, and believe that I have seen two cases lost through its use. The after-treatment of cases of tracheotomy, when performed for croup or diphtheritic croup, is most important, and I consider a moist atmosphere very important in these cases. At the Children's Hospital, in this city, we have a room especially fitted up for tracheotomy cases, which can be readily filled with vapor of steam from steam-heating pipes. The permanent removal of the tracheotomy tube has, in my experience, often been a matter of greater difficulty than its original introduction. I recently had a case in which the tube was removed on the thirteenth day; the condition of the patient was good, the temperature and pulse being normal. An attack of dyspnæa supervened two hours after the removal of the tube; the gentleman left in attendance was unable to re-introduce it, and when I arrived the child was dead. I have performed tracheotomy five times for diphtheritic croup, with two recoveries; one of the fatal cases was the one just alluded to, which died on the thirteenth day after the operation, from an accidental cause.

Dr. J. M Barton: I regret that Dr. Cohen has not given a more definite rule "when to operate" than "when you begin to think of tracheotomy then is the time to do it." As soon as you make a diagnosis, and perhaps before you make a diagnosis of membranous croup, you think of tracheotomy. I was called in two cases lately by recent graduates to perform tracheotomy in croup. Doctors, parents and friends were all urgent for immediate operation; they were evidently under the impression, that without operation certain death, with operation instant recovery; the cases were not urgent, they both had croup, but there was no important obstruction to respiration; under careful treatment, which had been neglected, they both recovered without tracheotomy. My own rule has been, when the tissues just above and just below the sternum decidedly recede during inspiration, when the face becomes slightly livid and the respiration hurried, with the usual symptoms of croup, the time to operate has arrived.

I have not found ligatures of much use in keeping the wound in the trachea open. In operating low down in a young child with small and deep trachea, the ligatures pull directly towards the surface. A probe bent into a circle and a hook fastened on each extremity, will keep the wound open by its spring, until a properly fitted tube can be

obtained.

Is it desirable to operate *in extremis?* I have operated on several such cases, in which artificial respiration had restored them, but they all perished in from one to three days.

Dr. Nancrede: I have been much interested in the

excellent paper read by Dr. Crandall, but dissent from the evident impression intended to be conveyed by the writer, that tracheotomy is a trivial operation, and one which may be undertaken without any hesitation. I am not ashamed to rank myself with those surgeons who dislike such operations, especially when so bold a one as Bilroth says that he blames no surgeon for declining to perform laryngotomy on a young child. This may seem exaggerated language, but although in the majority of cases the operation is a simple one, yet it may demand all the surgical skill and nerve that the surgeon is possessed of, as in the last tracheotomy I performed. Two cases have been related this evening, in which death occurred during the operation by most competent operators. Billroth has had a similar

experienc, and I know of a number of others.

An otherwise good, general practitioner, with a previous hospital experience, sent for me on one occasion, saying that he had opened the trachea, but could not introduce a tube. Upon examination, I discovered that he had sliced off a portion of the right ala of the thyroid cartilage, but had failed to open the trachea at all. Other operators had cut either the normally or abnormally placed carotid artery, or had dissected between the trachea and the carotid artery until they had reached the vertebra. Other accidents have also happened, which should make us pause, while we recall the fact to mind that if we do not get through the operation successfully, we kill our patient. I cannot resist the impression which my experience has produced, that diphtheria and pseudo-membranous croup are identical diseases, modified by their locality, rapidity of progress, etc. Diphtheria is said to be distinguishable from croup by the presence of albuminuria, but German investigators have shown that albuminuria exists in a distinct proportion of cases of so-called croup. Besides, most croup cases die before this symptom can make its appearance. Moreover, all cases of undoubted diphtheria do not present at first, or at any time, those profound alterations of the blood, and the kidney lesions which result in albuminuria.

Finally, whether the diseases are identical or not, clinically it was generally impossible to distinguish them at the time of operation. I may refer to a series of cases in my own practice, which would have been decided by any member present as typical cases of true croup, which yet by their subsequent course—even diphtheritic paralysis—

or their marked contagiousness, proved to be undoubtedly diphtheria. The difference in character of the false membrane in the pharynx, laryny and trachea seem to be relied upon by some of the speakers as a proof of the essential difference of the two diseases. Precisely similar conditions are found in undoubted diphtheria, and are explainable on anatomical grounds, so that the membrane of croup and the membrane found in the trachea in undoubted diphtheria are identical in appearance, etc., being in the substance of mucous membrane in the pharynx, but upon its surface in the trachea. There are many other similarities, but time does not permit them to be referred to.

As to when to operate, croup cases are divisible into two croups, viz.: those in which the dyspnæa is subject to violent exacerbations, but is slight during the intermission, and those which steadily increase, each paroxysm being succeeded by a relative intermission only, the dyspnæa steadily increasing. In the first class of cases, the patient may, it is true, die in an access of dyspnæa, but there is time to try medical measures usually. In the second class, when there is marked depression of the epigastrium and base of the chest, and also of the episternal and supraclavicular fossæ, despite the persistent use of the admirable treatment suggested by Dr. Cohen, operate at once.

Personally, I prefer to operate without ether, although it was harder for the operator, unless the patient had be-

come insensible from carbonic-acid poisoning.

The fenestræ generally found in the tubes I regard as ridiculous. They are generally to be found outside the

trachea when the tube is in place.

There should be no hurry in doing tracheotomy. Both hurry and force are exceedingly dangerous, and kill the patient sometimes. A hurried operator may force down the membrane before the tube; the trachea, being more resistant, may be cut, while the membrane will give before the knife, if the latter has been dulled. Some form of dilution had better be used to permit the removal of loose membrane, etc.

[Subsequently, Dr. Nancrede said, in answer to Dr. Stewart: I am aware that diphtheria is a disease of asthenic character, but I deny that it always commences as such, especially in the larynx, and inquiry will often develop the fact that there has been an attack of pharyn-

geal diphtheria precedent to the croup.]

Dr. W. S. Stewart: I have been very much interested

in hearing the discussion this evening. I remember hearing a paper read before this Society some time ago, in which the necessity of early operation in croup was urged. But the reader of that paper, when interrogated as to his success in his operation, had not had one recovery. In the paper of this evening, there is a large proportion of recoveries. The contrast between the two papers reminds me of a little experience when I went with a brother physician, who had a subject, as he thought, necessitating an operation as a dernier resort for croup; when the parent of the child refused to permit the operation, as soon as the arrangements would be made: and so fickle-minded was he, that three unsuccessful attempts were made to perform tracheotomy during an interval of two days, and still the child recovered without the operation. The difficult problem to solve is, the mortality that would result from not operating and the actual lives saved by operating.

I have no hesitation in maintaining that croup and diph-

theria are distinct diseases.

I confess I have not had the experience of the last speaker in seeing a case of diphtheria develop and terminate fatally in a few hours. And I could not account for such results, except in the fact of its being an insidious development, and in its asthenic nature giving no special symptoms for a certain interval of time at first, except the feeling of languor and an unaccountable sensation of lassitude. Croup, on the other hand, is a sthenic disease, is ushered in suddenly, and is always accompanied by a cough of a peculiar and characteristic sound. The membrane of croup is lighter in color than diphtheria—lies more on the surface of the fauces and trachea, and is more readily expelled by coughing; whilst the germs which enter into the formation of the diphtheritic membrane imbed themselves into the tissue, and are of dusky hue, and with greater difficulty removed, and is not accompanied by a cough.

Dr. Jas. F. Stone: There is one point I would like to emphasize, and that is, the vital importance of attending the patient carefully after the operation. I am one of those who believe in the necessity and very great advantage of this operation, and in its early performance: and yet I do not believe it should be performed, unless the physician will devote a proper proportion of his time to the after-treatment. When we consider that the operation is of a character that does not relieve the physician of his responsibility, but even makes it greater, we should be willing

to devote days, and possibly weeks, to its proper performance.

Dr. Sajous: In a case which I saw to-day operated upon by myself two weeks ago, I noticed that a peculiar odor accompanied each expiration, and upon examination found a spot of ulceration just opposite the fenestra (this being rather low down near the tracheal aperture of the instrument), upon the posterior wall of the trachea. I consider the fenestra as useless. The distance between the tube in situ and the wall of the trachea, is sufficient for the passage of air, and when the voice can be used, the tube does not offer enough interference to prevent the formation of the voice.

Dr. Formad: As to the misconception between croup and diphtheria: some gentlemen have expressed an opinion that there are different pathological processes in the two. Pathologists never assert that the two diseases are clinically identical, but only that the pathological process is identical. If the product is different, it depends on the locality affected. We may have a urethritis or a cystitis; the diseases are different, and the symptoms different, but the pathological process is identical. It is nowhere said, in text-books of pathological anatomy, that croup and diphtheria are clinically, or even anatomically, the same.

In diphtheritic angina, the deposit is deeply seated, because the inflammatory exudate cannot get outside on account of the anatomical construction of the mucous membrane of the pharynx. In the larynx and trachea the exudate cannot stay below, it being expelled by the elastic tissue of the mucous membrane, which, moreover, has but one layer of an easily permeable epithelium. The exudate is bound to get out soon as formed. We may have similar exudates in any surface of the body: in each case the deposits differing with the local conditions. Virchow has well expressed these differences: Diphtheria is "Eine Einlagerung," croup is "Eine Auflagerung" of the exudate.

In croup, the absence of constitutional symptoms is easily explained. While in diphtheritic angina the deposit imbedded into tissues rich in lymphatics and blood-vessels, and death ensues usually from absorption of septic materials; in croup, the deposit lies on the outside of the body; death may ensue from stenosis of the larynx or trachea, but not from absorption of septic materials, as there are but few blood-vessels and lymphatics in this situation. The

anatomical difference fully justifies a clinical differentiation. The deposit of the exudate is like a nail which may lie on the table, or may be driven into the wood. The nail is the same in each case, but is under different conditions and has different effects.

Dr. Crandall, in closing the discussion, said: Dr. Cohen has referred to Dr. Jacobi's low percentage of cures latterly Dr. Jocobi doubtless operated as scientifically and skillfully in his later as in former cases. So also does Dr. Levis. Yet he reports many failures. I do not lay claim to great scientific accuracy, but wish to demonstrate the importance of after-treatment. The children average from three to four years of age, and this made it easier of performance in the cases given. I saw one of these cases every two hours, the other every four or five hours, and believe success due to this. I also believe that physicians should be able to perform this operation whenever called upon. I am under many obligations to those who have assisted me, this evening, in establishing the differential characters of these diseases.

Tetanus and Tetany,*

By M. SCHUPPERT, M. D., of New Orleans, La.

"Nec scire fas est omnia."

In Gaillard's Medical Journal, vol. 36, Prof. J. P. Thomas, M. D., published a lecture which he had delivered before the McDowell Medical Society, at Henderson, Ky. This lecture was headed, "A Remarkable and Successful Case of Complete Traumatic Tetanus."

Inasmuch as a considerable part of the progress in medicine is undoubtedly due to a fair criticism of the labors of its devoted students, I feel that I am discharging a duty in pointing out some of the main errors contained in Dr. Thomas' lecture. At the same time, I beg the privilege of bringing before the medical profession a matter of so great interest and importance for further investigation and discussion.

^{*}The present article was written, excepting a few pages, a short time after Gaillard's Journal, which contained Prof. Thomas' lecture, had come to hand. Repeated attacks of sickness have prevented me from giving the paper my attention again at an earlier time.

I will also declare here, that any suspicion of hostile intention meditated by me against the lecturer, which may arise from utterances in this essay, is totally unfounded, and foreign to the object to be attained. The many recorded honors, gathering so lustrous around the name of the distinguished doctor, are therefore in no danger of suffering detraction at the hands of the writer of this paper.

What struck me first in the Doctor's address was the heading, "a remarkable and successful case of complete traumatic tetanus." The signifying complete, as placed here does no doubt imply the existence of an incomplete traumatic tetanus, which, to my knowledge, has no existence in our nosological classification. Should, therefore, the word "complete" be insisted upon, it would probably stand much better and more in harmony with the Doctor's views in conjunction with "case," so as to read, "a remarkable and complete, successful case of traumatic tetanus." Yet the complex of symptoms, as we find them described in that lecture, will at least in my opinion, not permit the use of the term "tetanus," because its characteristics are totally wanting, which in the course of this paper I hope to prove to the satisfaction of any unbiassed reader.

The pathogeny of tetanus of to-day is without doubt as obscure as it was at the time of Hippocrates. All we know of it does not amount to more than an hypothesis of more or less probability. The only progress made consists in an improvement of the diagnosis, giving a better definition of the character, by which we may distinguish it from other spasmodic affections of a less persistent tonicity and rigidity of the muscles, and thereby enabling us to predict with more surety the prognosis.

My own knowledge of tetanus is to a great extent based upon the experience gained during a practice of some thirty odd years, by more or less exact observations, critical and accurate attention to about forty cases, during the mentioned period of practice in this city, including in that number a few cases of tetanus, most of which, I at an

early time, not knowing better, had erroneously set down as remarkable recoveries from tetanus. By a later recapitulation of the symptoms, I had to my own mortification, to relinquish the few cases, which I had considered as triumphs—saved from destruction by that formidable disease.

Tetanus, I am now forced to cousider as almost exclusively a complicated wound disease with hardly any hope of recovery. *No wound*, *no tetanus*; though not every case of spasmodic convulsions associated with, or following a wound, can be called tenanus. The so-called "idiopathic tetanus" is not a true tetanus, but almost always a *tetany*, a denomination first proposed by Corvisart, and since generally adopted in France and Germany.

Considering the pathology of tetanus in its various aspects, the difficulties surrounding it are not so great as many anticipate. Whether the views I have formed of it are well founded or not, will at least be debatable. So much is certain: these views cannot hastily be overridden by a superficial argumentation, and it is safe to predict that a part of them will stand as well fortified, as in another disease. In whatever light I look upon it, my impression in that respect becomes more and more confirmed.

"It is to be hoped," says Dr. Thomas, "that there is a better pathology for tetanus in the near future, and as it (for one at least) cannot be etiologically classed among the so-called germ diseases, of course a more successful treatment must follow."

I fully concur in the expectation the doctor has expressed in the first part of that sentence, though not in that of the second. I really do not comprehend why tetanus—and in making use of that nosological term, I always refer to "traumatic tetanus"—might not at the end, nevertheless, turn out as belonging to just that class of diseases the doctor seems so much to shrink from? And less do I understand, if the pathological anatomy should prove it to belong to that class of germ diseases, why thereby we should be

further off from a proper therapeutical treatment. Was not, at least in a great number of diseases where the true cause had become known, the prospect of a successful treatment already half won? And is not such the case with some of just those diseases with the nature of whose germ we have become acquainted? Would we not expose ourselves to ridicule in treating, for instance, a case of itch, by overlooking the existence of the acarus and treating the affection as a constitutional or blood disease, as in former times? No doubt, it is quite early yet, and pathological anatomy has hardly emerged from its primitive condition and passed into the state of investigating such diseases, caused by formed matter, micro-organisms or germs. How much has already been gained by learning to understand the true cause of such ailments? And how much brighter have not the prospects become of finally con quering the difficulties at present still connected with them? Indeed, the further we advance in the analysis of that formidable disease, tetanus, the more we ought to become convinced of having to deal with a disease the primary cause of which ought to be located in the sanguiferous system; whilst the neuroses or nervous systems present more the appearance of a secondary or reflex character. True, high and competent authorities maintain to have encountered in certain nerves and the grey matter of the spinal cord a state of hyperæmia with exudation and partial disintegration of tissue, as also a maliferous development of the connective tissue of young cells (Rokitansky), whilst a few others found the exudation structureless. But some, and equally as competent observers, as Billroth, for instance, have doubted the correctness of these investigations and results, and hesitating to believe in the presence of these pathological lesions of the nerve-centres, have accepted blood-poisoning as the primary cause of tetanus. It seems, after all, more in accord with facts that so far as the morbid appearance after death from tetanus is considered, that pathological anatomy has thrown but little, if any, light on the real nature of that disease. Even admitting the pathological lesions of the nerve centres, what could they prove? Certainly not more than the other hypothesis of blood-poisoning. Having once given preference to the latter opinion, in addition to various other reasons to be mentioned hereafter, I prefer to behold the poison rather in a formed than in an unformed matter; and this the more so since a germ poison would give us, in different respects, a more satisfactory explanation. The objection that secretions of a tetanic subject will not, as in hydrophobia, with which tetanus bears some analogy, re produce the same disease when injected into a healthy animal, I cannot admit to be of a serious nature, so far as regards the pathogenesis of tetanus. A disease analogous in some respects with another need not be so in all, or the analogy would cease and instead we would have identity. Hydrophobia, according to late investigations, belongs to the germ diseases, and the analogy between it and tetanus lies so far in their spasmodic convulsions.

What, moreover, speaks in favor of the views advanced here consists in the frequency with which tetanus appears in certain climes at certain seasons and years, just as other germ diseases.

In looking over the yearly reports of the ten years, from 1870 to 1880, of our Charity Hospital, we find enumerated ninety-seven cases of tetanus among the inmates, the majority of which happened in the years nearest to 1870 and 1880—a great contrast at least being observable in their number if compared with other years, presenting therewith the character of an epidemical germ disease.

That "traumatic" tetanus had been arrested if not cured by a division of the principal nerve trunks in communication with the seat of injury, advanced by Erichsen, as an objection against the views advocated by me, and which seemed rather to favor his opinion of a primary nervous lesion as the exciting cause of the tetanic convulsions, cannot be of great import it having totally failed to arrest the spasms in different other groups of muscles not innervated by the dissected nerves. Such an objection or proof,

besides, does not contain a single element in deciding the causa morbi, since notwithstanding the cessation of all of the tetanic spasms, the death of the patient is not prevented.

Thus by injecting hypodermatically a solution of curara into a patient suffering tetanus, though the spasms were totally suppressed, the patient, nevertheless, died. It was in the case of a negro about 40 years old, who had been operated upon by my friend, the late Dr. Sam. Choppin, for "the radical cure of hernia," after the method of David. Three days after the operation trismus set in, soon followed by tetanus in its worst form. For three days and nights I kept down the tetanic convulsions, but at the end of the third day the patient expired, fully conscious up to the last spark of life.

In traumatic tetanus, or single tetanus, we have almost a lethal disease, subsequent to a trauma, with a permanent or tonic contraction and rigidity of the voluntary muscular fibre, with an excerbation of spasms increasing in frequency intensity and severity, till death sets in. In most cases it begins some days, seldom before the third or fourth day, atter the trauma, with contraction of the masseter muscles (trismus), after which came into play the muscles of the neck and back (opisthotonos), and of the extremities, and almost exclusively so of the lower ones. The extensors are mostly more affected than the flexors. The contraction and rigidity of the muscles once fully developed never cease before the fatal termination is reached, but goes from bad to worse, though the mind mostly remains unimpaired up to the last. Tetanus is a disease more frequent in hot or warm climates. It follows, frequently punctured or lacerated wounds of the fingers and feet, and sigular to say, after amputations and resections on board of ships, where it is a frequent sequel. If, in such cases, the operation or the previous injuries are more to blame, is often hard to decide. The frequency on board of ships, as also its appearance at certain years and seasons, reminds us, as already hinted at, of diseases affiliated with the germ theory. The advice of some surgeons to ampute the injured limb after tetanus has once set in, has not met with success. Surgeons of some experience, therefore, have been and are still opposed to it. All they can say in its favor is that it might mitigate the pain, but, as a life-saving procedure, it has been a failure. Equally so has proved the dissection of the main nerve in communication with the wound, as proposed by Liston.

In none of the earlier or later writers, excepting but a few of the latter, have I seen drawn a distinction between tetanus and what has been called tetany. We therefore meet with a number of causes producing spasmodic affections which, though they have nothing in common with the cause or causes of tetanus, are still mixed up under that denomination. Distinct from the classification into acute and chronic tetanus, we are also to be made acquainted with a form called idiopathic. And as causes for such we find mentioned the presence of worms, entozoa, the eggs of tænia, exposure to cold, constipation, uterine irritations, etc., all said to cause tetanus in one form or another, whilst most of them cause what we comprehend under the name of tetany. Therefore, with such a confusion and mistaking one disease for the other, we may understand the many recoveries from a disease almost always lethal, not excepting the variety known as trismus neonatorum.

Tetanus occurs in almost all ages of life, and that it happens more frequently amongst the male than the female, may easily be accounted for by the greater exposure of the first to wounds. That difference between the sexes, Erichson sets down as four to one. Erichsen further thinks that wounds of the ball of the thumb and great toe are more liable to be followed by tetanus. The majority of cases which had fallen under my cognizance were from finger wounds, splinters under the finger nail and wounds of the arch of the planta pedis by iron nails. The adverse criticism of Erichsen, of Hunter's idea that such wounds were dangerous on account of the tendons and fasciæ abounding there, I cannot concur in. Though I myself do not agree with Hunter, who misinterprets the pathogeny

of the disease, yet Erichsen's opposition based upon the statement "that tetanus seldom or ever happened after the operation for tenotomy, which were so commonly practised on the feet," is untenable, if not absurd. Forgetting the immense difference between an open wound and one subcutaneously made under a total exclusion of the surgeon's most formidable enemy, the atmospheric air, an operation which made Stromeyer's name immortal, is so grave a crimen læsæ majestatis of the surgery of the nineteenth century, that its oversight or misrepresentation, for such it can only be by a man of Erichsen's standing in the profession, can solely be explained by the "interdiem dormitas bonus Homerus." And just here, in regard to that mentioned fact of the difference between an open, exposed and a subcutaneous or covered wound, I may state, that there does not exist in the whole history of surgical science a single recorded case of tetanus, after an injury of the latter kind.

Tetanus in the majority of cases follows a wound, as stated, not previous to the third or fourth, but mostly from the fifth to the fifteenth day. Such was also the experience of Larrey, chiefly in his expedition with Napoleon into Egypt. One of my tetanus cases and one ot the latest I treated, appeared on the sixteenth day, consequent upon a crushed finger. Unlike hydrophobia, tetanus will never happen after cicatrization has once taken place. A number of cases which have been called chronic tetanus, and which often last longer than from five to ten days after the paroxysms of the spasms have once set in, and have increased in severity and intensity, may be set down as cases of tetany. Such patients seldom die from the disease. The spasms in tetanus never set out from the place of the wound, but appear first in remote muscles, as in the masseters and the muscles of the neck. They start from the centre in going to the periphery.

With regard to the treatment of tetanus, not much which is favorable can be reported. Erichsen says: "It is true that when once tetanic excitement has set forth in the cord,

it has a tendency to continue and to be incapable of removal by the mere abstraction, or cessation of local irritation which gave rise to it in the first instance." Such is only true conditionally in separating tetanus from tetany, but in as much as Erichsen does not discriminate between the two diseases, he errs. What he states here is not true of tetany, which will be proved by one of my reported cases. The remedies recommended and tried in smiting that terrible foe tetanus, are legion, but so far all have failed, and recoveries, when an exact description has been given, as in the "remarkable" case of Dr. Thomas, leave little doubt of their spurious character. Occasionally we come across singular methods of treatment, as for instance in the abstraction of blood a la Sangrado. Thus de Haen took one hundred and thirty ounces of blood from one patient in twenty-four hours; and in narrating the case, he added, with some naïveté, "and the patient died" (probably because he had not taken blood enough). Dr. Wright of Jamaica, upon his good success, recommended cold water affusions as a curative for tetanus. Abernethy already, in alluding to that success, remarked: "There may be tetanic cases and a substantial basis for these allegations of cures of tetanus, which will not be denied, but the cases were no real tetanus." And Abernethy, though he did not know what we at the present time have ascertained of tetany, was too good an observer and master-mind, not to have recognized even at his time that something was wrong in the generally admitted views concerning tetanus. some of the still existing ignorance of the real pathogenetic differences of the two diseases, tetanus and tetany, we no doubt have to thank the various remedies so highly recommended in tetanus, because patients had recovered from their use.

There has been too much of the "post hoc" logic prevailing, imputing recoveries to remedies, when nature had been the main agent. Thus the calabar bean, which had been found to operate as a sedative on the spinal cord, had also been used, and apparently with benefit, yet it seems

to me far from being "the specific," as asserted. An examination Abernethy made, and which may have reference to both diseases, was, that "brandy would not fuddle, opium not cause sleep, and calomel not salivate;" a remark, if found to be true, ought to call for great care in administering narcotics, since they may remain in the stomach accumulating and cause mischief with the cessation of the spasms. I might add here the effects of oxygen inhalations, which I observed in the last cases of tetanus and tetany under my treatment, but prefer to give them in the report of the respective cases, and first state here what we have learned of the characteristics of the latter disease.

TETANY (in German Tetanie).

Tetany is a term adopted in France and Germany, signifying a disease, consisting of changes, alterations of the nervous system, vet without knowing its anatomical substratum. It is a disease, the clinical character of which can be established with much precision, and by which we are enabled to give a complete picture of it, though in an anatomical respect, as in tetanus, no investigations exist to comprehend the real nature of its process. We have to thank Lucien Corvisart, who, in 1852, first gave proper attention to a group of symptoms, which, so far, had been incorporated in tetanus, and gave them the name of tetany, which has since been retained. The next important services rendered to make us better acquainted with that disease, came from that excellent clinicist, Trousseau, who enriched the diagnosis of the disease considerably by one symptom, which, has since become known under his name, as "Trousseau's phenomenon," and by which we are enabled to recognize the existence of the disease, even during the intervals of the paroxysms. The phenomenon exists in producing spasms of the fingers, presenting the shape of a conus and resembling the position of the exploring hand of the obstetrician in entering the vagina. And these spasms set in under a compression of the main arteries (and as some authors wrongly assert, also

the nerve trunks) of the upper extremities, the muscles of which are mainly affected in this disease.

It has further been proven by Kussmaul and Fenner, by experiments on healthy animals, that a diminution or cessation of the entrance of arterial blood into the brain will produce general convulsions. Landois, of Griefwald, has likewise shown that a venous hyperæmia of the brain will produce the same symptoms. Landois, in his experiments, ligated on an animal all the venous trunks coming from the brain. His results have been corroborated by L. Herman. About the experiments of Landois, I have no experience, though I do not doubt their correctness, from a personal kuowledge of the man, but as far as Kussmaul's and Fenner's experiments are concerned, I can corroborate them from my personal observations. Having on one of my patients once ligated one common carotid artery, as recommended by Nussbaum, against that formidable disease, Fothergil's pain of the face, yet without obtaining the desired results, I resolved (eight days afterwards) to resect the main trunk of the corresponding side of the superior maxillary nerve, including Meckel's ganglion. This was executed by making use of a new method, since then never before performed on the living man, though as I learned afterwards, it had been proposed by the late Prof. Bruns, Sr., of Tübingen, to try it on the dead subject. In this method the resection of the trunk of the nerve is performed by entering the knife into the pterygoid fossa. Under that renewed loss of blood the patient fell into convulsions, followed by hemiphlegia. This was caused apparently by anæmia of the brain: one of the carotid arteries having been ligated but a few days

In Germany the symptoms of tetany had been mistaken and were confounded formerly with spasms observed among some tradesmen, as shoemakers, writers, etc., which caused *Benedict* to propose the name "tonic trade spasms"—Besehaeftigungskrampf.

It was Kussmaul who in that country first gave a clear

description of the disease, helping therewith to a great extent to improve and propagate the differential diagnosis. After him *Erb* and *Chowstek* further improved and enriched the symptomatology of the disease.

Tetany is composed of spasms of a more extended, or shorter duration, comprising in the beginning mainly the muscles of the upper extremities, but later also those of the lower; further of the trunk, the chest and abdomen, the diaphragm and the muscles of the back. We have trismus and opisthotonus as in tetanus. In addition we observe contraction and rigidity of the muscles of the face innervated by the facial nerve. But in tetany, the spastic paroxysms seldom begin in attacks of the masseter muscles which in tetanus is almost constantly affected. The extension of the spasms in tetany are directed from the periphery towards the centre, whilst in tetanus the reverse route is generally the rule. Last, though not least, the reflex irritation of the muscles does not cause in tetany that regular increasing power so characteristic in tetanus, however intense the spasmodic contractions of the muscles in tetany may be. Sooner or later we always observe periods free from every spasm, which periods may last through hours, days and weeks, a condition totally foreign to tetanus. The variety of spasms is also much greater in tetany than in tetanus. Thus the diaphragm, the muscles of the eye, of the pharynx, larynx, æsophagus, of the urinary bladder, etc. All of these organs may more or less suffer from tetanic spasms and in the more severe form of the disease. The paroxysms of the spasms are painful as in tetanus. Trousseau has also called attention to another singular phenomenon, a kind of obtuseness in the planta pedis, causing the sensation of walking on a thick carpet. An excessive increase of the temperature, fever symptoms, with the setting in of the paroxysms of the spasms, have also occasionally been observed, but are rather rare symptoms. The same is the case with perspiration, which is sometimes profuse and associated with thirst, but at other times totally wanting. After the paroxysms have disappeared, during the period free from spasms, the muscles attacked present a tonic rigidity and mostly so those of the extremities, as the gastrocnemei and the flexors of the hands and fingers. The intensity of the spasmodic attacks is in general proportional to their duration.

Another important element for the diagnosis of tetany, besides Trousseau's phenomena, we have in the singular electric irritability of the muscles, also spasmodically affected. In some cases a pressure on the sympathetic nerve of the neck may occasion a typical spasm in the extremities, even a pinching of the skin of the arm, or forearm, may cause a regular tetanic spasm in the corresponding extremity. All these phenomena are no doubt produced by an increased reflex irritability in certain regions.

The finger phenomenon of Trousseau, has never been observed in any other convulsive patient, a fact which readers it of so great import in the diagnosis. Next to the tetanic spasms produced by closing the battery with the Kathode—Ka. C. Te.—Kathode Closing Tetany—with even a weak electric current—we have also, what so far has never been observed in man, a tetanic spasm, caused by an opening of the Anode—An. O. Te.—Anode Opening Tetany. Here has evidently been established a parallelism between the appearing spasms and the increase of the electric susceptibility of the participating muscles and it is very questionable and deserves further investigation, if there does not exist a causal relationship between them.

To Chevatek we are further indebted for the statement: that this irritability did also exist and that spasms could be produced during the intervals in muscles at the time free from spasmodic affections at the lateness of the disease. Equally so has he proved the same to exist in the territory of the facial nerve. Thus, a slight blow upon the region of the pes anserinus major, or, of the foramen stylo-mastoideum, or, even upon the nerves' peripheric branches, will produce a traction, or distortion of some of the facial muscles and almost with a lightening celerity. In all doubtful cases between tetanus and tetany, this experiment ought not to

be neglected. With the addition of Trousseau's phenomenon, if successful, no further doubt can exist in having established the proper diagnosis of the presence of tetany.

N. Weiss, of Vienna, to whom we are indebted for the greater part of these diagnostic signs and investigations, has tried the just named experiments on a number of diseases of the nervous system, and has arrived at the conclusion that they happen exclusively in cases of tetany, whilst they are wanting in all other spasmodic affections, as in hystery, epilepsy, chorea and in healthy persons. Weiss gives as his experience, collected on a number of patients suffering from tetany, which he had an opportunity to examine during 1881 in Billroth's hospital, where at certain times, almost daily, cases of tetany presented themselves, so that he speaks of a kind of tetany epidemic. The majority of cases, he says, were observed between the ages from four to six, and at the time of puberty; but by far the greater number between the ages of sixteen and thirty-five. Pregnancy, confinement and the period of lactation seemed to predispose greatly to the disease.

Regarding the *etiology* of tetany, it has further been asserted that cold is one of the main elements in contracting the disease; also irritation of the intestinal tube, as entozoa, the eggs of tenia and constipation. Tetany was also observed after certain diseases, as small-pox, cholera, intermittent fever and in children during dentition and after psychic influences (v. Orten).

Kappe counts seven cases of children from six to fifteen months old, in which only the flexors and the extensors muscles were affected. Fever was usually absent and when present, could be traced to an acute perturbation of the organs of digestion, or the intestinal tract. Amongst the dispositions he mentioned rachitis. Thus all of his seven eases were rachitic. Cheadle thought that the tetany of grown persons, and amongst them mostly nursing women, was of a different character than that of children. Of the first the tonic spasms presented intervals from a few minutes to hours, whilst among the latter, the tetany was more

continuous. The carpo-pedal contractions change only in intensity, alternately with convulsions. He found the calabar bean $\frac{1}{20}$ gr. efficacious. Characteristic of tetany, he also found it increased under galvanic and Faradic currents, as well as from mechanical irritability of the muscles and nerves. I have mentioned these latter statements only as constituting the latest which have appeared in regard to tetany.

A frequent appearance of tetany has been observed under the influence of clime and the seasons, and a more frequent occurrence during the first months of the year. A causal relation seems not less to exist with certain wounds; for instance, the extirpation of the struma. Weiss refers to four operations for that ailment, performed at Billroth's clinic, and each case was followed by tetany: the spasms appearing much earlier than in tetanus, in some already on the second day after the cutting. At one of these operations, the tetany symptoms set in on the evening of the day of operation and with tonic spasms of the upper extremities, soon followed by those of the other muscle groups. The spasms were shortened and diminished in intensity, under the subcutaneous injections of morphia, no matter whether injected at the seat of pain, or remote from it, provided the place be not too poor in lymphatics.

When irritative causes, such as constipation, entozoa in the intestinal tube, may produce tetany, it cannot be wondered at that more severe irritations, such as wounds, or cicatrization, are sufficient to explain the appearance of the same symptoms. As stated under tetanus: that so far pathological anatomy had failed to give us a satisfactory answer in regard to the etiology of the disease, so is it with tetany. Some authors consider it a neurosis and specify it as a disturbance of nutrition of the central organ, the spinal cord. But this supposition to transfer the cause into the medulla spinalis, even if we would add to it the medulla oblongata, may be doubtful, since we have become acquainted with spasmodic affections, which no doubt had their origin in lesions of the brain and in which

spasms of the muscles of the extremities, as of the face, were implicated, bilateral and symmetrical. Further studies and experiments are therefore afforded to decide that question. With phrases such as "it may be," "it seems," etc., it is obvious, says Weiss, and very properly, "nothing is won, to leave the domain of an hypothesis." It is certain that we have to deal here with spasms of an intermittent tonic character, of which the probable anatomical base has yet to be discovered, and that we do not know of a single nervous disease in which the phenomena are expressed in the form we have become acquainted with in tetany. Based upon other observations, I will but indicate that a periodical, irritative condition of the gray axis of the spinal marrow might probably be considered as the cause of the intermittent tonic spasms in tetany. If such should be proved to be correct, all the symptoms known to exist and observed in that disease, could be explained in an easy and unconstrained manner by the functions of the ganglionic apparatus of the grav axis and even in a direct way. In going deeper into that question to find out the kind of irritation, the periodicity of the irritation may be explained with periodical alterations of the quantity of blood contained in those arteries which have to furnish the blood to those parts. Weiss is also of opinion, "that by an irritation of the sympathetic nerves of the periphery, an irritation could be produced in the central organs, which ought to be taken as a clinical expression in the symptoms of tetany. That the cause of the spasms in the extremities, produced by the compression of the arterial trunk, could not lie in an anamia, as asserted, may be proven by the time elapsing between the compression and the beginning of the spasms, which consume from one to two minutes, but ought to happen in as many seconds if anemia was the cause. It is therefore more reasonable to assume that the effect should be looked for in the pressure and the irritation caused by it upon the sympathetic nerve fibres surrounding the arteries. Summarily, according to this view, the phenomena of tetany would more correctly and easily be explained by the supposed irritation in certain parts of the gray axis of the medulla spinalis and the medulla oblongata. The etiology of diverse cases, at least, seems to speak in favor of the connection of tetany with an irritation of the peripheric sympathic nerves.

The pathological anatomy has so far given us very insufficient points, comprising this disease, so much so that it is impossible to form any other than hypothetical views. We fare not better than the older authors, who based their views alone upon macroscopical examinations. On the other hand, in a very minute and exact microscopical examination of the medulla spinalis of a child, which had died of a complicated tetany, Dr. Langhans found the nerve elements of that organ in the white as well as the gray substance, unaltered. On the vessels of the white commissure and of the anterior cornua he discovered on the contrary abnormal changes, which he denominated as Periarteritis and Periphlebitis, consisting mainly in a thickening of the adventitia of the respective blood-vessels produced by an incorporation of cell elements and pigment. And these changes were more visible in the cervical portion of the medulla spinalis than in the lower parts, corresponding with the increased spasms, which were more in the upper than the lower extremities.

In those cases which died in the hospital of Vienna, the examination discovered no alteration on the blood-vessels, nor were there in the nervous parts of the medulla spinalis any changes visible. After all, then, there does not exist a unity of views, excepting the hyperæmia of the upper parts of the medulla spinalis, as observed by the majority of investigators, and even that hyperæmia may be as well consecutive and to be viewed as a secondary phenomenon of the disease, and therefore cannot be considered as the causa morbi of the tetany.

The diagnosis, finally, cannot meet with any difficulties. The phenomena of the disease are so characteristic, that even a superficial examination could hardly err in separating the disease in a differential manner from other diseases.

Next and most so in the beginning of the spasms, the disease might be taken for tetanus. But such can only happen in a very superficial examination, since even in the most aggravated form, tetany cannot be confounded with tetanus. The greatest difference between the two diseases consists in the *prognosis*. Whilst in tetatanus the prognosis is extremely unfavorable, yea, in almost every instance *fatal*; tetany, without complications, ends almost always in *recovery*. A morbid exitus here will seldom, if ever, be caused by the disease itself, but solely by consecutive ailments, such as ædema of the lungs, produced by the often repeated and lasting spasmodic convulsions of the respiratory muscles.

The therapeutics, finally, are more limited, consisting mainly in morphia injections. The light cases recover without medical interference, and the aggravated ones yield to the action of the narcotics, chiefly morphia, best applied subcutaneously. Chloroform, hydrate of chloral, bromide of potassium in additton, will help to shorten and cut off the paroxysms of the spasms. Hydrotherapeutic proceedings and stabile electric currents with the anode acting on the nerve centres, or on those nerves implicated in the attacks, are also highly to be recommended— Erb, Steib.

After this general retrospect of the two diseases, tetanus and tetany, I will now select some, the more or less, remarkable cases of both, out of my own experience, before I close this paper, with a special analysis of Doctor Thomas' cases. I thus think best to have avoided repetitions and be enabled to have reduced the review considerably.

(To be continued.)

Hospital Notes.

By David Jamison, M. D., Assistant House-Surgeon, Charity Hospital. Congenital dislocation of both Feet:—J. M., aged thirty-one days, was brought to the Hospital Sept. 3d. On examination both feet were found dislocated; the fibula being separated from the tibia, but not fractured.

The mother said the child was born in this condition. The dislocations were reduced and the limbs placed in straight splints, which were removed in three weeks. The muscles were frictioned for three days and the splints reapplied. They were then removed in two weeks and the child discharged cured.

Precocious depravity:—A boy, aged six years, came to the Hospital August 25th, suffering from a full fledged case of gonorrhoa. In a few days he developed orchitis. No good history could be obtained. The case was very persistent and took two months to cure.

Foreign body in the Rectum:—J. B., a voudou, was admitted Oct. 28th, complaining of dysentery. On examination a foreign body was found lodged and impacted in the rectum. It proved to be a pomatum bottle three inches in diameter. Strenuous efforts were made to remove it whole. but they proved futile, and it was found necessary to crush the bottle with strong forceps, and remove it in small pieces. He developed no bad symptoms, and is now well. He does not know how the bottle got into his rectum. Six years ago, when in a state of intoxication, he fell into the hands of a party of women, who, he thinks, placed the bottle in his rectum while he was in an unconscions condition. Discharged November 10th, 1884.

Freature of the Skull:—L. E., aged four and a half years, was admitted Aug. 29th, with the following history: While running after a mule he was kicked in the head and knocked down. For five minutes after the accident he talked sensibly, complained of no pain, and then fell into a sound sleep. On admission: No convulsions, no trembling, no paralysis of movements Resp. 28 to 30: P. 140. Cannot be aroused. Pupils varying between extreme dilation and contraction. Conjunctiva sensitive to stimulus. No paralysis of sensation or motion. On the left side of the forehead, just below the frontal eminence, extending from below the ext canthus to below the eminence, is seen a crescentic shaped wound of about two or three inches in

length, shelving upwarrds. On wiping the blood away, there is a jagged depression, which reveals that the bone is crushed in, and broken in many fragments A small amount of brain tissue is oozing out together with some fluid, evidently cerebro-spinal. Dr. Miles attempted to elevate the bone, but could not do so. He then endeavored to use the trephine, but found it difficult. With a pair of small bone nippers he then nipped away the angles of bone, removing each fragment separately. The bore of the wound was about the size of a nickel, through which could be seen the pulsating brain covered with its membranes. Every movement of the child caused the pouring ont of cerebro-spinal fluid and brain substance. The skin opening was closed with fine silk sutures. Still unconscious. August 20th: Restless, but conscious—complains of head. From this on the case progressed favorably, the wound healing by granulation. Highest temperature: 100.4, pulse 90. He is a very bright and intelligent boy, and does not seem to suffer any bad effects from the accident.

General Emphysema:—F.F., admitted Nov. 2d, with two gun-shot wounds of back, one on each side, both penetrating the chest. He is emphysematous from scalp inclusive to the knees. Respiration 54, pulse 168. Breathing very difficult, displaying all the signs of fluid in the chest, He continued in this condition until November 5th, three days and six hours after the shooting, when he died very suddenly. Necropsy:—Body appears twice the natural size. Both lungs were found wounded. One was completely solidified; the other one only partially so. Death resulted from pneumonia.

Fracture of the Femur from a curious cause:—A man was admitted into Ward 14 with a simple fracture of the lower third of the femur, which he said had been done while trying on a pair of new boots in a shoe store. He has been sick lately with rheumatism and malarial fever.

A Case of Locomotor Ataxia: Apparent Recovery.

Reported to the New Orleans Medical and Surgical Association,
By J. L. Crawcour, M. D.

Mr. B., aged 45, came to see me September 11, 1883. Until about a year ago, was in moderately good health, when he first noticed some difficulty in going up stairs. He then had darting pains in the legs, which gradually became more intense. By degrees he became weaker and more unsteady.

At present, he looks pale and is somwhat thinner than usual. His walking powers are very weak, and he cannot move about without assistance. In order to go up stairs, he has to crawl on his hands and knees, and to come down he has to go backwards in a similar way, assisting himself by his hands.

He has had several bad falls. In walking, he knocks his legs about; his feet feel as if a thick piece of felt was between him and the floor, and the least fatigue rapidly exhausts him.

Any mental effort and reading produces a sense of confusion in the head, and he has occasional attacks of vertigo. The patellar tendon reflex is abolished. Asked to walk or stand with his eyes shut, he would have fallen had he not been supported.

There is some diminution of tactile sensibility in his legs, as tested by the æsthesiometer.

Passes urine more freely than natural. No albumen or sugar. Sexual desire and power much diminished. Examined by the galvanic and Faradic currents, the reactions were normal, showing that the grey matter of the cord was not involved.

The diagnosis was chronic inflammation of the posterior root-zones of the cord producing sclerosis

The treatment which was commenced on the 11th September, consisted in the application of the galvanic current down the spine. The anode at the second cervical vertebra, the cathode at the last lumbar. The current was derived from 35 Lechlanché elements equalling 47 gravity cells and

was passed through a water rheostat, until it gave a constant deflection of the needle of a large galvanometer of 40° including the external resistance of the body. The current (stabile) was applied for ten minutes daily.

The medicinal treatment consisted in the exhibition of the nitrate of silver commencing with the one-sixth of a grain three times daily gradually increased to ½ grain. This was interrupted every three weeks for a week, in order to avoid staining the skin. The electric brush with a strong secondary Faradic current was applied a few times down the spine, but the pain was so intense it had to be discontinued and I substituted the revulsive action of the thermo-cautery, applied twice a week on the side of each vertebra, as the application was made very rapidly, the pain was very slight.

At the end of three weeks of this treatment, he was able to walk with the help of a stick, at the end of six weeks, he was able to go up and down stairs, and at the end of ten weeks he went home almost well. I advised him to procure a McIntosh galvanic battery and use it daily, and also the nitrate of silver for two months longer.

He is now perfectly well and without a trace of disease.

The New Local Anæsthetic, Hydrochlorate of Cocaine.

Clinical Observations by Dr. Ed. W. Jones.

Reported to the New Orleans Medical and Surgical Association.

Mr. President and Gentlemen.—As the hydrochlorate of cocaine has given rise to so much discussion as a local anæsthetic, by Drs. Knapp, Noyes and others, I obtained a small quantity—about 3ii. of a two per cent. solution—from a friend in Philadelphia. I also requested a friend to write to Dr. Squibb of Brooklyn, but the answer was that none was to be had in New York.

My first experiment was upon my own eye. I dropped three drops in my left eye. In about three (3) minutes I began to experience a slight numbness as from cold; in five (5) minutes the numbness had somewhat increased, and I could touch my cornea without being aware that it

had come in contact with anything; there was complete loss of sensibility. My pupil was slightly dilated. I could read perfectly well with the eye and move it in every direction, still all sensation was gone. At the end of thirty (30) minutes sensation was restored but the pupil remained dilated to about twice its normal size for four hours afterwards. There was no flushing of the conjunctiva at any time. The eye in which the solution was used presented the same appearance as the other, except that the pupil was more dilated in the former than in the latter.

Case 2d—Three drops were put in the eye of a man having a foreign body on his cornea. At the end of five (5) minutes sensation was diminished: two more drops were instilled, and at the end of two (2) minutes all sensation had disappeared. The foreign body was removed without his having felt anything at all.

Case 3d—This was a negro man for whom I made an artificial pupil. The first three (3) drops had no effect: the second instillation diminished the sensation somewhat, but it had to be used a third (3d) time, ten (10) drops in all, being used. The incision in the cornea was not felt at all, but when I drew the iris forward and cut it off the patient stated that he felt a slight pain, very much less than he experienced in the other eye when it was operated upon some two months ago.

Case 4th-I made an application of the solution to the membrane tympani in the right ear of a child. In five minutes I could touch the drum of the ear without the child feeling it at all, whereas the drum as well as the walls of the meatus of the left ear were very sensitive. About ten drops were used in making the application, which was done with a swab of cotton.

I find it takes from three to ten drops to produce insensibility of the conjunctiva and cornea; from five to fifteen to act in the ear drum; and from fifteen to twenty drops to act on the throat; the solution being probably applied twice. I only made one application to the throat and find that taste is much diminised and that sensation is entirely destroyed for ten or fifteen minutes.

Society Proceedings.

Rooms of New Orleans Medical and Surgical Association, October 4th, 1884.

Dr. Davidson called the Association to order at 8 P. M. Minutes of last meeting were read and approved.

A communication was received from Dr. Reyes, of Sagua la Grande, accepting the position of corresponding member to which he had been elected some time previously.

Dr. Otto Joachim, a newly elected member, was introduced.

Dr. Chassaignac, who was to have read, was absent.

RELATION OF CASES.

Dr. Davidson had seen quite a number of cases of well marked dengue. They were characterized by hemorrhages from the gums and nose in a few; remissions in many; characteristic pains in the limbs and eyeballs, etc.

Quinine was of very little service. He cited a case on St. Charles Avenue, which began with a sudden chill, followed by a fever of a remitting type. There was considerable prostration attending the case, and on the fourth day, the gums, which were swollen and turgid, began to bleed so severely that it became necessary to use astringents and other hæmostatics. A peculiar feature of the case also was the extremely low pulse—sixty to the minute. Convalescence was very slow, and was retarded by anorexia, want of energy, and general prostration.

Dr. Davidson anticipates a general epidemic of dengue.

Dr. Brewer had had several cases.

Dr. Crawcour found the salicylates of much more value than quinine.

Dr. Crawcour called attention to the fact that the socalled bacillus of Koch had been found in the dejecta from cholera nostras, and was also invariably contained in saliva. He strengthened his statement by recent investigations of T.W. Lewis, Klein, and others. The value therefore of the bacillus as a sign of Asiatic cholera was in his opinion considerably reduced.

Dr. W. II. Wakins stated that in the absence of the attending physician he would relate an interesting case, in which he was called in consultation. He introduced the history of the case by detailing the facts in a similar case, which he had had sometime before. The patient was a young girl 14 years old; she was a well developed, stout girl, but had never menstruated. At the time of his visit she appeared to be very ill, and had alarmed her family considerably; she was seemingly in a comatose state, from which she was with difficulty aroused, but only to become violent in her actions; at the same time, too, she complained of intense pain in her head, but she had no fever and her pulse was normal.

The cold douche relieved the girl—she was thought to be hysterical.

The doctor then described the case, which he saw in consultation.

This patient was also a girl and had lately returned from the north with her father. She was a healthy, stout girl, 16 years old, but had not yet menstruated. She had been going to school. Says when she began to complain of great pain in her head, Dr. Loeber, the family physician, being called in, found the young girl very restless and excitable but with no fever and with a pulse of 76. She would remain quiet while the thermometer was in the month, but would repeat her restless actions as soon as the instrument was removed. She was given bromide of potassium and chloral hydrate, but with the effect only of making her speech incoherent. The next day she was singing and moaning and appeared to be suffering greatly. The cold douche was tried and the pain in her head was relieved by it and she slept for a few moments. Later at 51/2 P. M., she seemed comfortable and free from pain. The doctor advised that, if she again complained, the cold douche be repeated. It was accordingly used at 6 P. M., but failed to produce any

effect. Dr. Watkins called at 9 P. M., and found the girl rocking violently in her chair and complaining of great pain which, however, she did not locate; the temperature was still normal and the pulse 76. She had been screaming and tossing so constantly and had had no sleep for so long, except for a few moments after the first douche, that Dr. Watkins thought it best to use some other treatment. He accordingly gave her a hypodermic injection of sulphate of morphia gr. 1/4 and sulphate of atropia gr, 1-150. She was then put to bed. In about ten minutes she apparently fell asleep. At I P. M., she was discovered to be dead. She had had no fever.; her pulse was good; the pain in her head was of a diffused nature though once in a while of a cutting nature. There were no convulsions; no albumen in her urine and her bowels which had been bound had been moved once by a cathartic. It could not be meningitis and no diagnosis was apparent save that of hysteria; no autopsy was allowed.

Dr. Bickham asked if the sleep was continuous from 9 P. M.

Dr. Watkins answered yes.

Dr. Crawcour spoke of a young woman who suddenly became unconscious and died a few hours afterwards in the hospital. An autopsy revealed miliary tubercles.

It is possible that the same thing existed here in a chronic form but not affecting the pulse.

Dr. Salomon did not think that tubercles could exist in the brain with normal pulse and temperature.

Dr. Watkins called attention to the fact that in Dr. Crawcour's case there was unconciousness. He added that there was no history of any hereditary affection in the family of Dr. Loeber's case.

Dr. E. T. Shepard thought that the diagnosis of hysteria was and is correct. In proof of his assertion he stated the case of a stout man suffering from acute mania in which a prominent symptom was loss of sleep. Cold to the head, bromide and chloral failed to produce the desired effect. He then used the cold douche and at 7½ P. M. gave

hypodermically gr. ½ sulphate morphia, combined with atropia.

At 10 P. M., he again called to see his patient and found him dead.

J. H. Bemiss, M. D., Rec. Secty.

Rooms of New Orleans Medical and Surgical Association. Meeting Oct. 25, 1884.

Dr. Shepard in the chair.

Dr. Salomon read a paper on "The Treamtent of Acne." He began by stating that acne was a disorder of secretion, and consisted of an inflammatory disease of the sebaceous glands, manifested by the formation of papules, tubercles or pustules, or all three combined. It usually appears on the face but no part of the body is exempt. It is invariably chronic in its general characteristics. The disease in some cases is deep seated, and leaves scars, or it may cause abscesses. He would confine his attention to the pustular and papular form—the most usual varieties.

He did not believe that acne was a necessary accompaniment of youth and young girlhood, and to be endured in patience. Those physicians were wrong who told the sufferers that the disease was incurable or that it will disappear in time of itself. Others prescribed some mixture to be found in journals, etc., or else gave arsenic, even though the papules were in a state of active inflammation. Not one case in a hundred needs arsenic. As to the origin of acne, each case must be studied for itself—if the cause is attacked by a local treatment alone it will fail. The two greatest factors in the causation of acne are derangement of the alimentary canal and functional uterine disorders. Piffard says: "External causes have very little, if anything, to do with the production of this affection," and he adds, " few physicians doubt the fact that the condition of the stomach and digestive organs, including the liver, is capable of influencing the cutaneous circulation, and especially that of the face. Anything that tends to the production of bad

blood or to a disturbance of the circulation will lead to changes in the organs of least resistance; and the organs of least resistance are usually those in process of development, or in a state of unusual physiological activity, and this is the case with the sebaceous glands as the period at which acne is most rife," and others are of the same opinion, and Dr. S.'s experience is that constipation and dyspepsia are the main causes of the majority of cases. In the female, uterine disorders are added to the causes just detailed. Besides these, he mentioned ill-health, disturbances of nutrition, scrofula, mal-assimilation, disorder of the cutaneous capillary circulation, and local causes, viz.: Excessive formation of sebum, loss of tone of perifollicular muscle fibre, want of cleanliness.

Treatment is based upon the above.

For constipation he uses a preparation of

Magnesiæ	sulph	 		3i
Ferri. sulph	1	 		gr.iv
Acid sulph	. dil.	 		,3ii
Aquae		 		
Sy. zingibe	r	 	q.	s. ad Ziv

M. One tablespoonful in water once or twice a day. This he gives for three or four days and then gives cascara sagrada.

If there is much hyperæmia, he gives alkalies, acetate potash and nux vomica.

If the case is scrofulous, it must be treated accordingly. Besides hygiene, diet and outdoor exercise must be looked after. Locally, the individual indications should be followed, such as expressing the comedones, incising pustules, etc. Soothing applications to inflammatory parts should be made, the face washed daily and frequently bathed in hot water. If the skin is coarse and the circulation sluggish, stimulant applications should be used; green soap is useful here, also sulphur.

Dr. Bickham related a case of obscure lead poisoning. It was in the person of a little girl, eight years of age, in whom there was no particular history. She was very pale and complained of much pain in her legs. He was lead to suspect lead poisoning from a former experience, not from the symptoms alone. It was an acute attack engrafted on a chronic attack. The gums were distinctly marked. Has suffered since 1879.

The case had been called by one physician infantile paralysis, and had been treated with slight improvement by electricity. Ankle drop takes the place of wrist drop, though there is pain in the upper extremtties. Cause, is the lead pipe in the kitchen. She is now better, under iodide of potassium, with sulph. magnes. and laxatives and sulphuret of potass. baths. But Dr. Bickham's prognosis for ultimate recovery is bad.

Dr. Bickham stated that heretofore it had been his experience that there is a tendency to hemorrhage in dengue. He wished to ask if there was more such tendency than in malarial fever.

Dr. Holliday, in answer, stated that he had sent a circular to physicians when he was preparing his report to the American Public Health Association on dengue. From the answers to that circular, he was of the opinion that there was no evidence of a preponderance of tendency to hemorrhage in dengue. Dr. H. finds an eruption more frequently than hemorrhage. Spongy gums are incident to long continued cases. This year the epidemic is mild, the fever is of short duration, the prostration and loss of appetite not so great as usual.

Dr. Bickham's observation was somewhat opposed to that of Dr. Holliday. Females are apt to have excessive menstruation, and he has had several cases of epistaxis. He thinks, physicians generally hold this opinion.

Dr. Davidson had seen but one case of hemorrhage this season. It occurred on the third day, and was attended by a pulse of 60, and great prostration. Former epidemics have been very severe, especially those between 1847 and 1853, and hemorrhages were frequently severe. Has never seen an epidemic without some cases of hemorrhages.

Dr. Dell'Orto had answered no, to the question as to

hemorrhagic tendency in Dr. Holliday's circular. But this year he had one case of epistaxis and two cases of bleeding from the gums in dengue. This year, too, there is added to dengue a malarial complication, which needs quinine; formerly he gave none. He has lost two cases of dengue from the malarial complication; the patient had delayed too long.

Dr. Meylor has seen only one case of epistaxis this summer. He spoke of two cases of remittent fever, in which quinine in capsule had not, though given in large doses, produced any physiological or other effects.

Dr. Crawcour never uses capsules now. Gelatine, by age, undergoes a change, and becomes insoluble. Some years ago he received some gelatine bougies; after six months found they were absolutely insoluble. He ordered from London preparations for hypodermic injection, after a short time found them insoluble. The gelatine may swell, but does not dissolve. He has no doubt but that this was the case in Dr. Meylor's patients.

J. H. Bemiss, M. D., Recording Secty.

SYNOPSIS OF PROCEEDINGS OF THE AMERICAN PUBLIC HEALTH ASSOCIATION AT THEIR TWELFTH ANNUAL MEETING, HELD AT ST. LOUIS, MO., OCTOBER 14TH-17TH, 1884.

Read at Regular Meeting of the N. O. Auxiliary Sanitary Association, October 23, 1884, by Dr. W. H. Watkins, Sanitary Director:

Mr. Chairman and Gentlemen: — The Twelfth Annual Session of the American Public Health Association, was held in St. Louis, Mo., October 14th-17th, 1884. The meetings took place at Liederkranz Hall, corner Thirteenth Street and Choteau Avenue, a building admirably adapted for such conventions.

The organization was called to order by the President, Dr. A. L. Gihon, U. S. Navy. Twenty-eight States, Canada, the U. S. Navy, Army and M. H. Service being represented. Dr. Joseph Speigelhalter, Chairman of the

Committee of Arrangements, was introduced and spoke of the efforts which would be made by the medical profession and citizens of St. Louis to entertain the members. These were pleasing and instructive, worthy of such a representative city and were fully appreciated by the members.

The report of Treasurer Dr. J. B. Lindsley showed the Association in a good financial condition.

The first paper read was from Dr. Charles W. Chancellor, Secretary of the State Board of Health, of Maryland, and was entitled: The Squalid Dwellings of the Poor: a Social and Sanitary Reproach. In the selection of this subject the Doctor struck the key-note of sanitary necessities in crowded cities. Its importance needed no apology for its introduction and his well-written and argumentative paper elicited close attention. The importance of health departments, organized with zealous and efficient officers to investigate and remedy these evils was of prime importance, and the education of the poorer classes to a just appreciation of the results arising from violation of moral and physical laws must be impressed before valued.

Maj. Samuel A. Robinson, Inspector of Plumbing of the District of Columbia, followed Dr. Chancellor in an able address entitled: "The Hygiene of the Habitation of the Poor," and depicted the errors in the construction of these habitations; errors which have been such a fruitful cause of disease. He pointed out the general negligence displayed by the poor of all cities in carrying off garbage and other refuse. It was a mistake to make the poor do this as they often adopted tricks to escape expense, and in consequence added to their suffering. He argued that unhealthy houses should be condemned and torn down. Model houses are those that are light and airy and have facilities for the removal of refuse, and until we have such houses the school master and minister must labor in vain. It is a good house that makes a good man.

"The Sanitary Survey of a House," W. K. Newton, M. D., Paterson, N. J., was a narration of the methods in vogue in that city to determine the relative sanitary quali-

ties of any house, and showed that a complete and systematic plan for determining the exact status of premises in regard to sanitation had been inaugurated and could be followed with advantage in other cities.

The next regular paper was from Dr. George H. Rohe, Prof. of Hygiene, College of Physicians and Surgeons, Baltimore, Md., and was entitled: "The Hygiene of Occupations." It was one of the most interesting papers read, occupied itself with the discussion of the relative longevity of men in different professions and pursuits. Prof. Rohe based his assumptions on the following table which shows the occupations by classes, and average age at death of 144,954 decedents in Massachusetts from May 1st, 1843 to December 31st, 1874—a period of thirty-one years and eight months:

Occupations.	Number of Persons.	Average Age at death
All classes and occupations		
Cultivators of the soil	. 31,832.	65.29
Active mechanics in shops	. 16,576.	47.57
Inactive mechanics in shops	. 17,233.	43.87
Laborers,—no special trades	. 28,058.	47.41
Factors—laboring abroad	7,035.	36.29
Employed on the ocean	. 8,844	46.44
Merchants, financiers, agents, etc	15,965	48.95
Professional men		50.81
Females		39.13

Dr. Adolph Alt, editor of the American Journal of Ophthalmology, read a paper entitled "Protective Spectacles for workingmen" in which he showed the dangers incident to many occupations, where the eyes were injured by chips of metal and stone striking the eye, and the agony and loss of sight in consequence of this: He recommended the wearing of mica spectacles which had been thoroughy tested in Germany and had greatly reduced the number of accidents.

Dr. Charles Curtman, of Missouri Medical College, read a paper on heating and ventilation in which were reviewed the varied appliances to accomplish these. Their defects pointed out, the best way to remedy them were discussed, and the hot air method recommended as being of most utility. Surgeon Parker, United States Army, read an able paper on the "Sanitary Management of cars and stations" and the dangers of the present system of passenger traffic on the railroads whereby healthy persons were brought into contact with the sick from contagious diseases. The suggested arrangements to relieve this he deemed impracticable, viz: The introduction of hospital cars and elaborate system of railroad sanitation.

The evening session was devoted to addresses of welcome from the Mayor of St. Louis and the Governor of the State, and concluded with the address of President Gihon who took for his subject "The Sanitary Responsibilities of the Citizen." After paying a tribute to the honored dead of the Association, the President denounced intemperance in every form and counciled temperance in all things. He taught that health of a community meant individual health and this was dependent upon well being, well-feeling and well-doing.

The means of improving the health of those who lived in cities the president said was simple. They should organize, and by concerted systematic work much good could be accomplished. He had no special plan of organization to suggest, there were many roads to Rome; one should be chosen and all should travel together, in time the shortest and safest road would commend itself. organization of the first State Board of health was alluded to and the increase in number of boards as well as their effective efforts was described. He spoke at length of the methods that should be adopted by the State Boards to secure good results and followed with a resumé of the causes of epidemics in the past ten years. This portion of the address was particularly interesting; in fact, the address throughout was filled with most valuable information regarding sanitary measures and the methods of preventing the spread of the disease; in conclusion he said: "Nature is wasteful, germs of all living things are born in needless profusion and finished unnumbered with the forest leaves,

and the myriad swarms of the microscopic world: Only the fittest ultimately survive and it should be our aim not merely to add a span to each poor puny life, but to make the strong stronger till the evolution of the race into the highest order of which humanity is capable shall have been accomplished. Every human being cannot be made to live three score years and ten: some are doomed from birth to prematurely die and we cannot save them, but we can and ought to save those that have a right to live, who are now slaughtered in hecatombs by preventable diseases."

The second days' sessions were well attended, and the subjects discussed eminently practical and suggestive. One from Dr. O. O. Richey, of Washington, D. C., entitled: "The Hygiene of the EyeSight of School Children," proved conclusively, that while schools were comparatively well protected from marked contagious diseases, by sanitary surveillance, but little attention was paid to affections of the eyes where contagion was virulent. He also dwelt upon the straining of the eyes of young children, and thought this would be obviated by not permitting the children to attend school until after the age of second dentition.

On the subject of School Hygiene, Dr. Felix Formento, of New Orleans, read an interesting paper, advocating the cultivation of physical as well as mental qualities. He insisted that hygiene should be taught, and that systematic inspections should be made at short intervals of every school room and surroundings.

The discussions on school hygiene were of extreme interest, and many members participated. All agreed that there was great necessity of reform, and that the health of 7,000,000 school children in the United States was of the greatest importance to the community.

At this session several important papers on milk and food adulteration were read. The value of cotton seed oil as food, was discussed in a paper from Prof. C. F. Monroe, of Maryland, and urged as wholesome. If prejudice could be removed, the writer thought it would add another article to the recognized dietary of the people.

At the afternoon session a report on the best method of dealing with cholera, should it reach this country, was presented through the Secretary, Dr. J. N. McCormack, from the National Conference of the State Boards of Health, and after free discussion was adopted.

Dr. J. F. Hubbard, of Richmond, Indiana, introduced the following preamble and resolutions, which were referred, under the rules, to the Executive Committee:

Whereas, Within a few years there has been a large increase in the knowledge of disinfectants, antiseptics and germicides, both abstract and practical, and

Whereas, It is important, equally for practitioners of medicine, for Boards of Health and for the general public that the highest attainments of science in this department of sanitation should be formulated for easy reference by all who need it for practical illustration, and especially is this desirable in view of the probable visitation of cholera in the near future; therefore

Resolved, That a committee be hereby constituted to examine the subject of disinfectants, antiseptic and germicides in their relations to preventive medicine and sanitations; and that said committee formulate a table of these agents for the information of those interested; the agents to be classified, so far as may be deemed advisable, according to their specific virtues, facility of application and economy of use.

Dr. McCormack, of Kentucky, made an extended argument in favor of the adoption of the report. His plan was to call upon the members of Congress, personally at their homes, and urge the adoption of such legislation by the national government, as would prevent the introduction of cholera in this country.

At the evening session, after two interesting papers, one on "The food we eat, and the adulterations to which we submit," by Hon. Erastus Brooks, of New York; and another on the "Hygiene of sailors engaged in the coasting trade." The subject of cremation was introduced by Rev. J. B. Bengless, Chaplain U. S. Navy, in a spirited and

manly paper, and thoroughly discussed by the members, and generally in the affirmative.

The morning session, October 16th, was of extreme interest: after the usual preliminary features, the first paper read was one from Dr. W. B. Conery, of the State Board of Health of Missouri, on "Texas Cattle Fever." He said that the existence of splenic fever could no longer be doubted. The loss of stock in the more northern ranges was an enduring evidence of the reality of the plague. It seemed, after careful study, to be epizootic in nature and contagious. Rapid transportation by rail accounted for the recent dissemination of the disease to the extreme Northern States, and had brought about the discussion of the feasibility of inspection and sanitary attention to herds.

Dr. A. M. Bell, of New York, chairman of the committee on epidemics, submitted his report. Dr. Joseph Holt, of New Orleans, member of this committee, contributed a report, entitled "Quarantine Sanitation," in which after reviewing the evolution of quarantine schemes, he dwelt especially on the means of preventing the entry of infectious diseases into the Mississippi valley, through the Mississippi river, about to be inaugurated by the Board of Health of the State of Louisiana.

Dr. G. B. Thornton, of the State Board of Health of Tennessee, read a paper on the sanitation of the Mississippi valley. He dealt especially with the territory lying between Cairo and New Orleans, which he said contained an area of 32,000 square miles. The whole district was the true habitat of all kinds of malarial diseases. Owing to the facilities of transportation on the Mississippi, the valley had been visited, several times since its settlement, by two of the most destructive and dreaded exotic diseases—cholera and yellow fever. But neither had found a permanent lodgment in the valley, and when once eradicated, did not break out again, unless by importation. It was in this country that the devotees to hygiene might demonstrate its good results. The improvement of the sanitation of the Mississippi valley embraced three propositions—the reduc-

ing to a minimum of the causes producing malarial atmosphere; the improvement of the method of living of the people in the valley, thereby increasing their resisting powers to malaria, and the prevention, by introduction, of cholera and yellow fever. The conditions essential to the production of malarial atmosphere are heat 67° to 70° Farenheit, a permanent moisture and vegetable decomposition. At present those conditions prevailed through the whole of the botto m country, modified or lessened in some localities by improvements, cultivation of the soil and drainage. The first essential steps towards prophylaxis was to reduce to a minimum the two elements, which were to some degree controllable. As the seasons were immutable, the heat could not be modified. Civil and sanitary engineering could so dispose of the water distributed over the valley by the excessive spring floods and annual rain fall, as in a measure The third factor—decayed vegeto control that element. table matter and the deleterious elements of a fresh soilwas in process of being removed by the constant clearing and cultivation of lands for agricultural purposes. The process, however, was slow; in the meantime it was well to consider the best methods for the preservation of health, in the face of the opposing elements in the Mississippi vallev.

The resistance to malaria could be very materially increased by improved methods of living among the masses of the people, and especially those who were unacclimated. The system could be so fortified as to resist much more effectively the depressing influence of the climate. By those methods he meant all the domestic comforts pertaining to good living. Wholesome food, comfortable homes, suitable clothing and the more general use of light flannels next the person, keeping out of night air in the more malarious localities, and a strict observance of temperance in all things, especially abstinence from common whisky, would all tend to protect persons from malaria. It was especially necessary that these precautions should be taken by white people who were not acclimated.

The next paper was by Maj. Charles Smart, Surgeon United States Army, and member of the National Board of Health. It was on the Present and Future of Water Analysis, and urged upon sanitary chemists to give more attention to the living organisms in water than to the chemical impurities.

Dr. James E. Reeves, Secretary Board of Health of West Virginia read a paper on Pollutions of the Upper Ohio and the Water Supply of its Cities and Towns.

The condition of health and probable duration of life of a people may be correctly measured by the quality and quantity of their water supply. There are two cities at the head of the Ohio-Alleghany and Pittsburgh-whose aggregate population is not less than 240,000. Besides refuse of all kinds, the Ohio is made the convenient receptacle for the carcasses of diseased animals and thousands of tons of corrupting matter are daily thrown into the stream which supplies the water we drink. No wonder, then, that diarrhœas and typhoid fever are so common and the death rate from these diseases is so high. Generally speaking, waters that are free from the actively moving ciliated infusoria, and that present a comparatively dead microscopic field, are waters that have percolated through a very pure or a very impure soil. In other words, they are very pure spring or very foul well waters. Waters containing nitrates are regarded by Frankland, and Elkin of London, as dangerous, even when containing a small proportion of these salts, and water containing nitrates is particularly to be avoided. It is not the ordinary organic matters of decaying garbage, animal fragments, etc., that are dangerous when taken into the system, but certain morbid, microorganisms which may accompany them.

Dr. Herrick, Secretary Board of Health, State of Louisiana, read a paper on "The Relation Between Underground Sewerage and Filth Diseases." The writer's conclusions were that under-ground sewerage plays no important factor in typhoid fever, diptheria and diarrhæa. The advantages of the system lie in a questionable econo-

my, and in a greater degree of decency than is obtainable in any other way.

After a paper on the disposition of sewage the meeting adjourned until night when the members and visitors were entertained by Dr. G. M. Sternberg with an instructive address on "Disease Germs," illustrated by highly magnified micro-photographs taken from life of various microbi, projected upon a screen.

The final session of the Association was called to order by President Gihon. The election of officers for the ensuing year resulted as follows:

President, Dr. James E. Reeves......West Virginia 1st Vice-President, Hon. Erastus Brooks...New York 2d " Dr. Henry B. Baker....Michigan Treasurer, Dr. J. B. Lindsley......Tennessee

EXECUTIVE COMMITTEE.

9	Dr.	H. P. WalcottBoston	
	6.6	G. B. ThorntonTennessee	
	6.6	G. DevronLouisiana	
	6.6	H. B. HolbeckSouth Carolina	

Washington, D. C., December 7, 1885, the place and time of next meeting.

Some valuable papers under the head of "A Survey of the Present Hygienic Situation in St. Louis" were contributed by city officials and local sanitarians.

The Advisory Committee is constituted as follows:

Alabama, Dr. R. D. Webb, of Livingston.
Arkansas, Dr. J. R. Dibrell, of Little Rock.
California, Dr. F. W. Hatch, of Sacramento.
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U. S. Army, Maj. G. W. Sternberg, of Baltimore.

U. S. N. Medical Director, A L. Gihon, of Washington.

U. S. M. H. Service, Surgeon Walter Wyman, of Baltimore. Bureau of Education, Hon. John Eaton, Washington.

Gentlemen, in giving this outline of the work of the American Public Health Association, I feel that many instructive incidents have been omitted and a number of valuable papers not alluded to at all. This is owing to the fact that I have taxed your endurance too far in the foregoing synopsis.

Abstracis, Extracts and Annotations.

MEDICINE.

A DISCUSSION OF SOME OF THE QUESTIONS OF MEDICAL EDUCATION AND MEDICAL ETHICS.

By Dr. HENRY LEFFMANN.

Read before the Philadelphia County Medical Society, Sept. 24, 1884.

(ABSTRACT.)

In the volume on medical education, published by the Illinois State Board of Health, there are said to be 123 medical colleges in the United States, 91 of which are classed as regular, though in the latter the character of medical education given in different parts of the country is very unequal. It has, therefore, become imperative for active measures to be taken to secure reform on this subject.

The topic may be discussed under four heads: 1st, the preliminary examination: 2d, the course of study; 3d, the

method of graduation; 4th, the ethical relations

The opponents of the admission-examination have urged as an objection to the preliminary examination the difficulty of fixing upon a minimum amount of actual information which would qualify a young man or woman to enter the study of medicine. They have spoken about "natural aptitude" in those comparatively "rough diamonds," etc., which are likely to be unjustly excluded on account of "technical deficiencies."

Dr. Leffmann makes the point that "all colleges conferring degrees other than those of medicine have always had such conditions of admission, and no one has ever thought the condition burdensome." He also suggests that the examination should be uniform in all colleges, and that the standard should not be left to each individual college. "A thorough knowledge of the English grammar, an acquaintance of the regular declensions of Latin nouns and an elementary knowledge of algebra should at least be required." The doctor takes issue with Harvard College, which requires in its conditions the translation of easy Latin prose, and also with the schedule of the Medical Society of the State of Pennsylvania, which includes a

knowledge of the Latin tongue, as also botany, logic,

drawing, Greek, political economy and algebra.

The course of study should be of at least three years. Not as taken in many colleges, where two courses of lectures and a certificate of one year under a preceptor are only required, but three full years at the college, or if a certificate of previous study is to be admitted, this should be done only when the student has declared one year in advance of his course his intention of studying under a preceptor, or better yet, let his abilities at the end of that year be tested by an examination. No evidence of prior study at another recognized college should be accepted without an examination.

As a most radical improvement, Dr. Leffmann suggests "that the full college course should include a recognition of each specialty and offer the option of pursuing the study of one or more of them, not as side studies or post-graduate courses, but as parts of the requirements of graduation." The first course, then, would be on general medicine, and in the second and third course the student would be allowed to pursue that specialty to which he expects to devote himself; his college degree to bear the indication of this specialty, such as M. D., D. D. S., or M. D. O., indicating dentistry or ophthalmology, etc.

The thesis should be done away with, for it is now looked upon mainly as an index of general proficiency in orthography and grammar, and would be necessary with the preliminary examination. Direct encouragement should, however, be given to those who possess the means and desire for original work, and rewards offered for such theses.

The examination should be transferred from the faculties to a State Board, and the colleges be "centres of instruction only." This would place competent and efficient teachers on a much higher plane than they are now, while it would go far towards crowding out inefficient ones, for each examination would be a record of the manner in which the candidate was prepared. The State Board should accept any one who could bring certificates of good moral character, proper age, sufficient preliminary training. "Under the system here advocated, the student could select his instructors from the different faculties accessible to him."

As for medical ethics, "the standard for admission of a physician to professional relations, ought to be based on his moral character and educational attainments.

In concluding his paper, Dr. Leffmann read out the following, adopted by the Illinois State Board of Health as the minimum requirements to constitute a college in good standing, and adopted by the Nebraska State Society, as condition of eligibility to membership:

Conditions of admission:—Credible certificate of good moral character. Diploma of a literary college or primary examination in English, mathematics and elementary

physics.

Branches to be taught:—Anatomy, Physiology, Chemistry, Materia Medica and Therapeutics, Theory and Practice of Medicine, Pathology, Surgery, Obstetrics and Gynæcology, Hygiene and Medical Jurisprudence.

Length of course of lectures:—Two courses of not less than twenty weeks and not more than one course the same

year.

Attendance:—Regular attendance, absence by sickness only allowed, and not to exceed twenty per cent. of the course. Examinations by quiz twice a week. Final examination to be conducted when practicable by others than professors.

Dissections and Hospital work:—Two courses of each.

Duration of study:—Not less than three years.

The College must show that it has a sufficient corps of

instructors, and facilities for hospital work.

In the discussion which followed the paper, all the participants agreed as to the benefits of a preliminary examination. Dr. Wm. Pepper dissented with Dr. Leffman in his views on special courses, unless the period of medical education was made longer than in our colleges to-day. Dr. Chas. K. Mills did not agree with the lecturer on the point of multiplying the degrees by granting them for each specialty: but thought that the examination ought to be more specialized, and more ought to be required than the present seven or eight branches. Dr. John B. Roberts favored preliminary examination, but thought it necessary for medical colleges to adopt a high grade of final examination. He also favored examination by State Boards.

INFLUENCE OF POSITION UPON SOME PATHOLOGICAL PHENOMENA.

Dr. A. FORMICA CORSI, in the Revista de Ciencias Medicas, of Barcelona.

P. J., a railroad employé, suffering from mitral insufficiency, which gave rise to difficulties in the circulation.

passive pulmonary congestions with bronchial exudations, extreme dyspnæa, and a tricuspid insufficiency and general venous stasis. The patient had attacks of dyspnæa, in which he was obliged to remain seated in an arm-chair, and sleeping only by short spells. He was anasarcous; the skin on the back of the feet had raised in two enormous blisters, each as large as a fist; blisters and hæmorrhagic patches were numerous on the lower part of each leg.

Digitalis, diuretics, and expectorants were employed, the blisters were emptied, but soon refilled. The treatment gradually removed the dropsy from the upper half of the body, almost entirely: the breathing was better, but still not perfectly free, the cyanosis diminished; swelling in the hands went down, but the feet, legs and muscles still re mained enormously swollen, the serum issuing drop by drop, and bleaching and inflaming the skin over which it flowed.

Days and weeks passed, but the ædema still remained. The urine was scanty and heavy. Bearing in mind that the difficulties of circulation and respiration had remitted somewhat, and that the ædema of the inferior extremities alone remained unchanged, Dr. Corsi determined to place the patient in such a position that his feet would be higher than his pelvis, and his head higher than his waist, thus leaving the pelvis and abdomen the most dependent parts. position occurred to him in view of the fact that the odema persisted only in the inferior extremities, i, e., in the lowermost parts of the body while the patient was in the sitting posture which he had so long maintained; and in this position, the blood, under the existing difficulties of the circulation, could not easily return to the upper half of the body and bring its serum to the level of the kidneys to be relieved of its surcharge of watery element.

The effects were rapid and brilliant. In the new position the patient evacuated fabulous quantities of urine in about fifty hours; and his skin became wrinkled and flabby, the breathing easier, his appetite returned, the urine became clearer, he could move and rise up, and in a few days he

ventured out to take a walk.

This improvement soon came to an end. He again felt fatigued, lost his appetite, the cyanosis reappeared, and, in a word, he returned to his former condition of asistolia. The anasarca came back, only greatly aggravated; genitals were enormously swollen, the urine became very scarce and burning, orthopnwa appeared deepening to

apnæa, general prostration, marked cyanosis, and low delerium from pressure of serum upon the brain. Death appeared imminent. Leeches were applied below the mamma, and then a large vesicatory over the breast. When a quantity of blood had been drawn, and the blister opened and made to suppurate, the wine of Trousseau was given and also infusion of Convallaria majalis with syrup of five roots. The wdema gradually diminished in the face and breast, and the dyspnæa and orthopnæic attacks decreased in number and intensity. The ædema, however, was still great about the genitals and in the inferior extremities. Dr. Corsi again placed the patient in the position before described, and the odema again disappeared with amazing rapidity. Dr. Corsi attributed this result entirely to the position: placing the kidneys below the rest of the body, and making gravitation favor elimination by way of the kidneys instead of impeding it.

THE MECHANISM OF EPILEPSY.

In a lecture delivered at the Hotel Dieu, Paris, France, and published in the *Medical and Surgical Reporter*, Prot. Germain Sée discusses the mechanism of epilepsy as revealed by experimental physiology. He arranges under three heads the means known for provoking epilepsy in animals:

ist. Over-excitation of the reflex function in general, especially that of the bulb, through the instrumentality of the different parts of the nervous system,—this he calls excito-motor epilepsy.

2d. Augmentation of the excitability of the vaso-motor

centre, located in the bulb, called vascular epilepsy.

3d. Excitation of the cortex cerebri, called cortico-

cerebral epilepsy.

"When the cerebral system comes under the persistent influence of a lesion of the spinal cord, of certain nerves, or of the eucephalon, the medulla oblongata becomes the seat of a functional modification, that is to say, an aggravation of its reflex power, which makes the organ a prey to the least excitations; the bulb can itself engender convulsive attacks without the least exterior determining cause. Here we have the first theory. The acquired property of the bulb extends naturally to the vaso-motor centre in the bulb; the excitation of the vaso-constrictor, then of the vaso-dilator nerves, determines anæmia, then hyperæmia

of the encephalon, and we have the *grand mal* attack with loss of consciousness; the vaso-motor theory is only applicable to the *grand mal*—this is bulbar epilepsy or bulbo-

vascular epilepsy."

The theory of excitation of the psycho-motor centres explains all the other cases, "all the forms of petit mal, i. c., vertiguies, absences, 'petit mal auto-motor,' which is a psychical trouble with unconscious movements." The phenomena will vary according to the region of the cortex excited. If the frontal are excited, intellectual troubles result; if the front parietal convolutions, the ascending parietal convolutions or the paracentral lobule, troubles of motility; if further back, the parietal lobes, the angular gyrus, the occipital lobes or the temporo-sphenoidal convolutions, to hallucinations of taste, of hearing, of sight, of smell, or to troubles of general sensibility, "which constitute in the majority of cases the auras of common sensation or of special sense, which one may consider rather as the first manifestations of the grand or petit mal than as prodromes capable of being arrested."

THE STUDY OF PATHOLOGICAL ANATOMY IN BERLIN; OTHER INTERESTING ITEMS RELATING TO PRACTICAL HYGIENE.

In an article on European Medical Centres, published in the Archives of Medicine of New York, October, 1884, Dr. William Osler, of Philadelphia, elaborately and eulogistically describes the various departments of scientific medical improvements and discoveries in that luminous centre, Berlin. Among other things, and after speaking of the enthusiasm and general propagation of the bacillus question, he lays peculiar stress upon the superior manner of conducting post mortem examination in the hospitals and medical colleges in Berlin, everything to the minutest details being carefully noted down, and the autopsy being always performed by, or in the presence of, some experienced pathologist.

Describing the hygienic condition of the city, he passes to the slaughterhouse and tells of the care taken by the government for the prevention of the development of trichina among the population. "For the purpose of inspection of the slaughtered animals there is a staff composed of 141 persons, viz: the veterinary superintendent, Dr. Hertig, eleven veterinary surgeons, eight inspectors,

eighty-six microscopic examiners, thirty sample procurers, and four stampers. The inspection is both ante et postmortem, and any carcass or organ found infected is confiscated. The coarse examination is performed by veterinary surgeons and is directed largely to the detection of cysticerci, tubercles, etc. Each sample-taker removes four pieces of muscle from the rectus abdominalis, the diaphragm, the laryngeal muscles and the intercostal; these are placed in little numbered boxes and taken to the microscope room in which are eighty-six workers. The little boxes are distributed among the workers and from each bit of muscle six small teased preparation are examined. The microscopes used magnify fifty or sixty diameters. To save time large glass-slides with twenty-four compartments are used. The following figures give an idea of the value of the inspection: For the six months ending September 30th, 1883, 278,000 animals were killed and of this number 1448 animals and 2898 single organs were confiscated. One hundred and twenty-one trichinous hogs were found.

The expense, of course, of this inspection is very large, but on looking at the advantages derived from it, it is certainly very necessary, for we must take into consideration the fact that in Germany the custom of eating raw chopped pork is still very prevalent, and a single trichi-

nous hog is sufficient to infect a whole community.

A CASE OF ENCEPHALOPATHIA SATURNINA WITH GENER ALIZED LEAD PALSY.

A painter, twenty-five years old, suffering from the most marked symptoms of chronic lead poisoning, entered the hospital on account of severe colic, accompanied with headache and vertigo. An epiletic condition, with delirium and somnolence, soon declared itself. At the same time paralysis appeared in all the extremities, one after another. First, there was total paresis of the right upper extremity; then (in one and a half days) paresis of the right leg; the next day also, in the left leg, with absence of the tendon reflex; later on, paralytic weakness of the left deltoid, paresis of the extensors of the left forearm, as also of the triceps. Neuritis optica on the left side subsiding. In ten days, the epileptic condition, delirium and somnolence disappeared. At the same time, the paralysis commenced to recede, and in four months completely disappeared, with

the exception of a little weakness of the extensors of the right forearm. The tendon reflex first showed signs of restoration fourteen days after the reëstablishment of the functions of the lower extremities. The peripheral nature of these paralyses could be inferred from the electrical investigation, the long-lasting disappearance of the tendon reflex with a continuance of increased, direct, mechanical muscular irritability, and also from the involvement of the optic nerve. In this case, uraemia was safely excluded, since the urine was entirely free from albumen.—Dr. Krönig, Deutsche Medicinal-Zeitung.

LARYNGEAL SPASM AND TETANY.

DR. KILLIAN.

K. believes that tetany may frequently be the cause of spasm of the larynx, and in support of his view he reports

the following very interesting case:

The patient was a woman of 37, the mother of three children, and still suckling her youngest child, one and a quarter years old. She lives in needy circumstances. She suffered at first from short attacks of difficult breathing, which often appeared hourly, both by night and by day, sometimes less frequently, but always several times in the 24 hours. Emotion and weeping excited attacks, and they appeared especially when she was about to drink. K. observed such attacks. The patient suddenly becomes speechless, sinks back upon the arms of the chair, unable even to make a sound. The breathing stops: the countenance becomes cyanotic and anxious. In a few seconds, a long-drawn, noisy inspiration follows. while the respiration is clear and easy; this is repeated three or four times During the attack, a strong, spasmodic ulnar flexion takes place at both wrists, the thumbs are adducted, the fingers flexed at the metacarpo-phalangeal joint, and extended at the phalangeal joints. The elbows are flexed at a right angle.

These spasms of the glottis and of the ulnar-district could easily be produced by compression upon the brachial artery and the neighboring nerve-trunks. The motor nerves especially showed an increased mechanical irritability. When the Pes anserinus was struck, all the ocular muscles of the same side contracted; slight tapping upon the terminal branches of the facial nerve easily caused the muscles of the face to contract. The faradaic and galvanic irritability was very considerably increased. Laryngoscopic

examination showed, during the attack, firm approximation of the vocal chords, as in the act of phonation, in a few seconds the glottis expanded a little, then followed a laborious inspiration; during expiration, the glottis was considerably wider. In the intervals between the attacks, the larynx presented a normal appearance.—Deutsche Medizinal-Zeitung.

THREE CASES OF VERTIGO LARYNGEA. Prof. Massei.

The clinical aspect of vertigo laryngea, as shown by M.'s three cases, is as follows: An individual suffering from a simple chronic catarrh of the larynx, feels a tickling in the throat, then has a severe attack of coughing, suddenly loses consciousness, and falls to the ground. The symptoms speedily subside, and the patient is again well in a few minutes. The whole picture has a certain resemblance to a light epileptic attack.—Deutsche Medizinal-Zeitung.

INTESTINAL OBSTRUCTION OF EIGHTEEN DAYS DURATION RELIEVED BY ELECTRICITY.

By F. BOTEY.

The patient was an old woman, 77 years, in whom constipation was caused by an excessive accumulation of forces in the rectum and sigmoid flexure. All sorts of enemata and purgatives had been employed in vain, and before resorting to colotony, Botey happily bethought him of faradization of the abdominal muscles. A uterine sound was used as one pole—it was inserted into the rectum: the other pole, a sponge-electrode, was applied over the different abdominal muscles. After the first sitting, of fifteen minutes duration, colic appeared; after the second, lasting twelve minutes, colossal masses of focal matter were expelled. The patient, previously emaciated and hopeless, quickly entered upon convalescence.

Botey believes that this brilliant result was above all due to the restoration of abdominal pressure: and he recommends the employment of the induced current in all cases of constipation, where it is necessary to act upon the abdominal muscles rather than upon the intestine itself: while the constant current would seem to be beneficial under opposite conditions (volvulus, etc.), because it controls the unstriped muscular fibre.—Deutsche Medizinal-Zeitung.

DOUBLE PARALYSIS CAUSED BY CRUTCHES. VINAY.

V. saw, in a bricklayer sixty-three years old, after using bad crutches for two and a half months, paralysis of the fore-arm on both sides, as also of both supinatores longi, and paralysis of both radial nerves. Finally, the triceps was involved on both sides. The affected muscles respond to the Faradaic current, with the exception of the right triceps. In thirty-three days, all the muscles except the right triceps, had returned to their normal condition under the use of sulphur baths and electricity; and the imperfect crutches were of course discarded. After stopping the faradization, injections containing one-thirtieth grain of sulphate of strychnia were made into the right upper-arm, but without success. Vinay believes that paralysis of the triceps is much more frequent than is generally supposed. He recommends that the same be treated with Faradism, frictions and sulphur baths, and, of course, discarding of bad crutches.—Deutsche Medizinal-Zeitung.

IMMUNITY OF ANIMALS AGAINST CHOLERA. By Adolph Hommel.

After comparing the physiological constituents of the gastric juice of man with those of the juice of domestic animals, Hommel concludes that we must look for the cause of their immunity against cholera in the large proportion of hydrochloric acid contained in their gastric juice, since Koch's experiments show that this acid is a very destructive agent to the cholera bacillus. As cholera bacilli have never yet been found in the human stomach, it is evident that the amount of hydrochloric acid normally in the human gastric juice suffices to destroy the bacilli by digesting them, and every access of cholera can be referred to either an abnormal function of the stomach or to an attack of indigestion.

For the practical application of the above, Hommel re-

commends:

1. To supply the normal stomach at all times with the necessary amount of hydrochloric acid. This can be done as well by abundantly salting the food, as by directly eating salt.—Deut. Med. Zeit.

EFFECT OF ALCOHOL ON ARTERIES.

Dr. Loomis, of New York, on presenting a case of aneurism to his class made the following pointed statement touch-

ing the causative relation of alcohol to this accident: "A man can take two or three glasses of stimulants through the day, as he may feel the inclination, and he may continue this habit for perhaps twenty years without any evident harm accruing from it; but, when this man reaches that period of life when the vital powers are on the decline, he suddenly feels himself old before his time, for he has all these years been laying the foundation of a chronic endoarteritis. I believe, gentlemen, that fifty per cent. of all diseases arise from the use of alcoholic stimulants. The more I see of disease, the more I am convinced that, as a rule, a man is young just in proportion as his arteries are healthy and old as they are diseased."—Med. Age.

SURGERY.

STATISTICS OF EXTIRPATION OF THE LARYNX.

Since Billroth's first extirpation of the larynx, eleven years ago, the operation has been performed seventy times. These cases are carefully tabulated by Zesas (Arch of Klin. Chirurgie.):

No. of				
cases.	Operation on account of.	Recovery.	Death.	Unknown.
5	Sarcoma		3	
60	Carcinoma	. 15	42	3
I	Syphilitic stenosis		I	
I	Perichondritis		I	
I	Tubercular new growth.		I	
I	Polypus	. I		
I	Papiiloma	. I		
70		19	48	3

The operation was performed in sixty cases on account of carcinoma. Fifteen recovered, 42 died: three results unknown.

The cause of death in 15 cases was pneumonia; in 12, recurrence of the disease; in 3, collapse: in 2, asphyxia, in 3, exhaustion: in 1 case each, pleuro-pericarditis, lung embolism, abscess of the lung, emphysema pulmonum, bronchitis; in 2 cases, unrecorded. Many authors affirm that removal of the larynx is only warranted in cases of sarcoma. In view of the statistics, above summarized, removal of a carcinoma of the larynx, attended with 15

recoveries in 60 cases, is an entirely legitimate operation. It is observed that primary cancers of the larynx remain long local, and rarely cause general infection. Hence the urgency of an early operation before the neighboring lymphatics are involved. Advanced age is a contra-indication to the operation, particularly on account of the liability to "aspiration pneumonia" and the tendency to recurrence of the growth.

PHYSIOLOGICAL VIEW OF THYROIDECTOMY.

Zesas (Arch. of Klin. Chirurgie) asks if thyroidectomy is physiologically permissible, and discusses the question. The author has observed that, after removal of the spleen in animals, thyroidectomy is fatal. Simultaneous splenectomy and thyroidectomy are also always fatal. It is said that after splenectomy, the functions of the spleen are always performed by the thyroid. "The author gives the results of his experiments on thirteen dogs and cats, in which he removed the thyroid gland, or the spleen, or both organs. Animals from which the spleen alone was removed recovered fully: while a few weeks after thyroidectomy, the animals refused all sorts of food, became sleepy, walked unsteadily, and died mostly in convulsions (cerebral anæmia). An increase of white blood corpuscles was found after splenectomy as well as after thyroidectomy. This was longer in appearing after thyroidectomy; but when both glands were removed, this result was immediate and conspicuous." It was observed that leucocytosis was more considerable and more lasting after splenectomy than after removal of the thyroid. After the latter operation, somnolence, anorexia, unsteady gait, paralysis, convulsions and death were constant, and, post mortem, extreme anæmia of the brain. As the anæmia was not general, it occurred to the author that the thyroid gland exercised a function regulating the cerebral circulation. Therefore, he believes that thyroidectomy is not a permissible operation.

These experiments and observations are certainly very interesting. His conclusions, however, seem impracticable, especially in view of the favorable turn thyroidectomy is now taking as a surgical procedure, as shown in recent

numbers of this Journal.

COLOTOMY, WITH A COLLECTION OF 351 CASES.

A retrospect of the operation of colotomy is of marked interest. Proposed and rejected, it was apparently for-

gotten, then revived and modified successively by several surgeons in its day: and although over a century and a half has been consumed in its progress, it is even yet far from being in its true position amid the heroic measures of modern surgery. Such a retrospect appears in the October number of The American Journal of the Medical Sciences from the pen of Dr. Wilmer Ridgway Batt, of Phonixville, Pa. A surgeon who subscribes to the doctrine that an artificial anus should not be made in the case of imperforate anus is not justified in doing so on any principle of morality, since upon him rests an imperative obligation to employ to the utmost of his ability the means placed at his command for the relief of human suffering and the prolongation of human life. When we likewise consider of what vast importance is the prolongation of life in a human adult, and how vast may be the concerns which hang upon such an event, we find the same imperative duty no less binding. To obviate death from over-distension of the bowels, which is one of the most painful and distressing terminations of life, colotomy will be justifiable under conditions of the greatest gravity; and may be indicated in any obstructive complication of the lower bowel which has passed beyond the power of local remedies, and in which a judicious trial of medical treatment has failed to afford relief. Mr. Phillips, of London, tells us that one case of intestinal obstruction occurs in every one hundred deaths, and from 139 cases of obstruction which he collected, in which surgical aid was not given, 133 proved fatal. The fact that such terrible fatality as this should exist, and an operation affording the advantages of colotomy be unperformed, must ever be a shadow upon the honor of modern surgery. The technique of the operation is fully discussed, and elaborate statistics are presented which show most conclusively that the dangers of the operation are very few, and that the number of recoveries depends very greatly upon the nature of the affection for which it is performed.

ON CALCULUS IMPACTED IN THE URETER AND THE FEASIBILITY OF REMOVING IT BY SURGICAL OPERATION.

Mr. Henry Morris, Surgeon to the Middlesex Hospital, London, in a very interesting paper in the October number of *The American Journal of the Medical Sciences*, discusses the feasibility of removing from the ureter an impacted calculus, which, if allowed to remain, will sooner

or later surely cause destruction of the kidney, if not of life. He discusses very fully the clinical history, diagnosis and prognosis of these cases, and finally urges that a calculus impacted in the ureter sufficiently near the vesical orifice to be felt with the finger can with care and suitable instruments be extracted through an incision of the bladder wall without fear of wounding the peritoneum, or laying open the cavity of the bladder into the cellular tissue of the pelvis.

He describes his method of operating as follows: Having rapidly dilated the urethra if the patient be a female, or opened the urethra in the median line immediately in front of the prostate if the patient be a male, the neck of the bladder should be passed by the index finger of the left hand, and a careful digital examination be made of the bladder walls. If a hard fixed body be felt covered over by the bladder mucous membrane, at or near the orifice of one of the ureters, a gum-lancet shaped knife on a long slender shank should be introduced along the left index finger, and with it an incision should be made through the tissue covering the calculus. The knife should then be carefully withdrawn, and a slender scoop or curette introduced along the index finger of the left hand, still retained within the bladder, should be employed for gently turning the calculus out of its bed.

Mr. Morris urges that an exploration of the bladder should be made with the view of performing this operation

on the ureter:-

(1) In hydronephrotic or pyonephrotic enlargement of the kidney, associated with bladder symptoms, with the hope of reestablishing the natural drainage through the ureter.

(2) Before nephrectomy is resorted to for hydronephro tic or pyonephrotic tumours, which have been opened or

tapped through the loin without benefit

(3) Before nephrectomy is resorted to in cases of suspected renal calculus, in which no renal tumor exists, and where, after digital exploration and puncture of the kidney

through the loin, no stone is found.

(4) In cases of sudden or rapid suppression of the urine, or anuria, occurring after symptoms which have given rise to suspicion of stone in one or other kidney or both kidneys. A kidney which has undergone compensatory hypertrophy may become blocked by a calculus which has been forced by the superimposed urine in the lower end of the ureter, and which cannot pass the vesical orifice of the ureter. Such a kidney may be, probably is, the

only one the patient has to depend on; and in this case death must ensue if the obstruction is not removed. If no stone can be felt through the bladder, life may yet be saved by giving a vent to the pent-up urine by lumbar nephrotomy.

GYNECOLOGY, OBSTETRICS AND PÆDIATRICS.

TIME OFTEN AN ESSENTIAL ELEMENT IN THE DIAGNOSIS OF PREGNANCY.

It was remarked by one of the old medical authorities that the physician's reputation is never in greater peril than in the diagnosis of pregnancy. We may add that probably more avoidable errors are committed in this diagnosis than in any other department of medicine. One great source of error is in hasty judgment—giving an immediate opinion when a few weeks' delay might reverse it, or secure its unequivocal confirmation: this disposition to decide at once in cases of possible pregnancy is sure to bring a man to grief, and possibly to disgrace, sooner or later. Very often in the reports of cases that are being tried, we read at the close, "Judgment reserved.". In medical practice the physician ought to write down after his record of some of his cases, especially of some of those in which the diagnosis of pregnancy is to be made, the same words. Time is the great revealer of secret things; the asserted pregnancy which, like the weaving of Penelope's web, never ends, as well as the denied pregnancy, which, a few months after the denial, is proclaimed by an infant's first cry, often bear testimony to professional errors that disappoint, if they do not disgrace. How much better it would be, unless the evidence be beyond all cavil or doubt, to wait a few weeks, or even months, until the proofs become conclusive, than to commit such errors.

Pajot urges, in his Clinique d'Acouchements, the importance of such delay, and relates a case which he had recently seen. A lady, in her first labor, had such injury that a vesico-vaginal fistula resulted. Subsequently she had two other confinements, when her husband died. She remarried, but never had coition without a sponge being in the vagina. This was constantly worn, partly as a support to the uterus, and partly to receive the discharge which escaped from the bladder. Uterine enlargement, and then, as she believed, fœtal movements, led her to consult Pajot, who, failing to hear the fœtal heart, or to discover in the

cervix the usual changes of pregnancy, declined to give an opinion. Her menstruation continued, in spite of the enlargement, as she thought, from pregnancy. By Pajot she was referred to a distinguished Paris surgeon and accoucheur, who decided that she had an ovarian tumor, and desired to puncture it. The patient, frightened at this decision, wished to consult "le prince des kystes de l'oraire," and Pajot took her to him. He, after a careful examination, neglecting, however, auscultation, decided she had a large uterine fibroid: the mortality was very great—70 per cent.—but he would operate in three months if the family desired it. Three weeks after this examination she gave birth to a child of between seven and a half and eight months, and, of course, the tumor was gone. With Pajot, we may well say that in such cases time is the best of all means of diagnosis.—Phil. Med. News.

At the Ninth Annual Meeting of the "American Gynecological Society," Dr. H. P. C. Wilson, of Baltimore, read a paper on "Foreign Bodies in the Abdomen after Laparatomy." He says they are frequently discovered during life, occasionally after death and very often not discovered at all. Unfortunately many of the fatal cases are not published, and besides we are not able to obtain autopsies in many obscure cases which would reveal whether or not a piece of sponge or a pair of forceps had been left and gave rise to the symptoms. He had succeeded in collecting twenty-one cases, and of these only five had been published. In Dr. Wilson's case the sponge was not suspected until it had worked its way to the surface five months after the operation, and the patient made a good recovery. A number of the members made remarks on the importance of the subject and the precautions to guard against such Dr. Jackson, of Chicago, added three unpublished cases to Dr. Wilson's collection. These had occurred in Chicago, but not in his own practice.

A number of articles have appeared recently in the different journals on the diagnosis of pregnancy in its early stage, by means of the increase temperature of the genital canal. The result of the investigations is that temperature is not a reliable sign as it can be simulated by various abnormal conditions of the genital canal.

THE NEW ORLEANS MEDICAL AND SURGICAL JOURNAL.

PUBLISHED MONTHLY.

Communications relating to medicine are invited from every source. Matters of more than ordinary importance are occurring daily to country physicians, brief reports of which this Journal would be glad to get.

In sending such communications, and others pertaining to Editorial Department, as well as those relating to business, address New Orleans Medical and Surgical Journal, P. O. DRAWER 282, New Orleans, La.

EDITORIAL.

SAMUEL MERRIFIELD BEMISS.

Non Omnis Moriar.

By the unexpected and most painful occurrence of the 17th of November we are called upon to fill the saddest page in the history of Louisianian Medical Journalism; for in the loss of Professor Samuel Merrifield Bemiss, the oldest and strongest pillar of medical journalism in this State has fallen.

We, who are his successors, who always found in him a friend full of sympathy and encouragement and were accustomed to seek counsel and support from his great learning and authority, feel that we have been too painfully, too keenly smitten by his loss to give utterance at this moment, to other expressions than those of grief and pain.

We can briefly state, however, that for over eighteen years he ably and most zealously expounded the principles and practice of medicine in the University of Louisiana where his teachings and example have been followed by thousands of medical men who at this moment weep with tears of reverence and gratitude in memory of the man who first guided them through the intricate maze of medical knowledge and first helped them to open the portals which lead to wisdom, happiness and prosperity.

For over a decade the thoughts which sprang from his gifted mind vibrated through the editorial columns of this journal and swayed with veritable intellectual power the mass of medical practitioners in this and adjoining States where his opinions were regarded with a respect which gave them the authority of laws.

His talent, his learning and his great personal qualities won for him universal esteem, and the sorrow which his death has caused in all circles and among all the classes of our community is the clearest proof of the sympathy, admiration and affection with which he was regarded by all up to the moment of his final departure.

Prominent among those virtues which endeared him more deeply to the hearts of all those who knew him, were his tenderness of heart, gentleness of spirit, and unbounded charitableness of disposition, which prompted him to incessant labor in the discharge of his professional duties and made him restlessly active in stimulating the aspirations of his pupils, and, in fact, in doing all work which tended to the elevation and welfare of his fellowbeings.

We believe and we know that the medical profession of New Orlcans is not alone in its grief, for the blow we have sustained has recoiled with electric sensitiveness throughout the country. It is not alone in the medical societies of this city, and of this State, wherein he was one of the acknowledged leaders, and in the halls of the University of Louisiana, where he acquired his greatest fame as an instructor, but also in the National Associations of Medicine and Sanitary Science where his voice was listened to with the respect due to a master, that his death will be deplored as a National calamity.

In loyal fealty to the memory of so distinguished a colleague and true a friend, we reverently inscribe this memorial in a space which his pen so often covered with words which not only instructed, but adorned the earlier as well as contemporary annals of Southern Medical Literature.

THE EDITORS.

The following extract from the *Times-Democrat* of this city, of November 19, will serve as a brief preliminary biographical notice of the lamented deceased pending the preparation of a more extended account of his life, which will appear in an early issue:

DR. S. M. BEMISS.

There are not many households in New Orleans that will not be greatly shocked and inexpressibly grieved by the announcement of the sudden and most unexpected death of Dr. Samuel Merrifield Bemiss, yesterday evening at his residence on St. Charles avenue.

Endowed by nature with a superb physique and most robust constitution, he seemed the very impersonation of perfect health, and his death is one of those inscrutable acts of a mysterious Providence that no human wisdom can fathom and which must, while it inspires us with awe and profound sorrow, be met with Christian resignation and with murmured utterance of "Thy will be done."

He died suddenly, instantly—almost in the twinkling of an eye the bouyant, manly and noble spirit, that animated him and made him loved of all those who knew him well, sprang from its tenement of clay to the presence of its Maker, and we may believe—knowing the man—that sudden as was the summons it found him ready, ready as he had always been, in his checkered life, to front danger in any guise, whether upon the field of battle or in cities when pestilence brooded over them.

He was one of those to whom the sentiment of fear was a stranger, and in every sphere of life he did his duty nobly and well. A devoted Southerner, he promptly and ardently espoused the cause of the South, and leaving a lucrative practice in Louisville, he entered the Confederate army, in which his recognized professional ability and his untiring zeal soon won for him distinction and high rank. Those who served with him and who witnessed his cheerful acquiescence in all the hardships of army life, his indomitable courage and patriotic devotion to the cause, loved, admired and honored him, and will to-day lament the loss of a true soldier and warm friend.

Dr. Bemiss was born October 15, 1821, in Nelson county, Ky. His parents were Dr. John and Elizabeth Bemiss, his father being a native of Massachusetts and his mother of New York. After receiving his preliminary education from his father and private tutors he entered the medical department of the University of New York. He afterward located and practiced his profession in Bloomfield, Ky. In 1853 he removed to Louisville, where he continued his practice until 1862, when he joined his fortunes with the South and entered the Confederate army. In 1863 he was appointed a full surgeon and ordered to Virginia.

In 1864 he received the appointment of medical director in charge of the hospitals in the rear of the Army of Tennessee, which position he held until the close of the war. He then returned to Louisville, but in 1866, having accepted the chair of the theory and practice of medicine and clini-

cal medicine in the medical department of the University of Louisiana, he removed to New Orleans. In 1879 he was appointed a member of the Board of Experts appointed by Congress to investigate the yellow fever epidemic of 1878. He was also appointed a member of the National Board of Health, which position he held at the time of his death.

Dr. Bemiss was also for a number of years a member of the New Orleans Board of Health, and at the time of his death was a member of the American Medical Association and professor of the theory and practice of medicine and clinical medicine in the medical department of the University of Louisiana, and visiting surgeon of the Charity Hospital.

Yesterday morning he delivered his clinical lecture at the hospital on the subject of apoplexy, telling the students that men of his build were liable to its attacks. Shortly after he complained of feeling unwell, and went home.

His family did not feel alarmed until late in the evening, when about 5.30 his breathing became very short, and Drs. Richardson and Logan, who live in the neighborhood, were hurriedly sent for, but he died of apoplexy before they could arrive.

He leaves a wife and six children to mourn his loss.

IN MEMORIAM,

TULANE UNIVERSITY OF LOUISIANA, MEDICAL DEPARTMENT,
New Orleans, Nov. 18, 1884.

At a meeting of the Medical Faculty of the Tulane University of Louisiana, the following resolution was offered by Prof. S. E. Chaillé, M. D., and passed unanimously:

Resolved, That the Faculty of the Medical Department of the Tulane University of Louisiana suffered a most deplorable loss on the evening of the 17th inst., by the sudden death of Prof. SAMUEL M. BEMISS, M. D., a colleague beloved for his great tenderness of heart, his sensitive sympathy for the sorrowing, his prompt and cheerful services to the needy; for his hospitality, generosity and fidelity; a colleague honored for his distinguished ability and exceptional learning; for his devotion to duty so conspicuously shown during four years of war and eighteen years in the service of this University; for his many sacrifices of policy to principal; for his manly courage in assailing wrong and maintaining right, and for his charity for all with malice to none.

When his cultured brain ceased to act, and his brave and noble heart to beat, his country lost one of its most valuable citizens, his patients one of America's ablest physicians, his friends a strong supporting hand in the hour of need, and his much-loved wife and children a husband and father whose great affection and self-sacrificing devotion honored them and enobled him.

T. G. RICHARDSON, M. D.,

IN MEMORIAM.

TULANE UNIVERSITY OF LOUISIANA, MEDICAL DEPARTMENT,
November 18, 1884.

Informed of the untimely death of their esteemed friend, Prof. SAMU-EL M. BEMISS, M. D., the students of the Tulane University of Louisiana, Medical Department, met This Day and adopted the following resolutions:

That in the demise of one so pre-eminent in his profession, our venerable teacher and friend, an expression of our condolence in this hour of so grievous an affliction, is but a tithe of the bereavement we suffer.

That, In the inopportune loss of one so thoroughly identified with the teaching of medicine, so learned in his profession, so ardent and untiring in his endeavors for the advancement of his students; respected, honored and loved by all who knew him, we recognize and sincerely regret that we are thereby deprived of one of our most valued tutors, and that our school has suffered an irreparable loss.

That, Realizing keenly the loss sustained by a loving home, we tender in these pain-written words, sincerest sympathies, knowing how valueless are words to replace a loving husband and tender father; and, in further sincerity, it is determined that a copy of these resolutions be sent to the family and published in the New Orleans Medical Journal and daily papers.

CHAS. L. SEEMANN, Chairman.
ALBERT J. MEYER,
B. W. INMAN,
M. E. SINGLETON, M. D.,
J. D. BLOOM,

Committee.

DR. SAMUEL M. BEMISS.

At the meeting November 24, 1884, the following preamble and resolutions were offered and unanimously adopted:

Whereas, By the inscrutable will of Providence, the members of the Orleans Parish Medical Society have been called to mourn the sudden and unexpected death of their late associate, Prot. SAMUEL M. BEMISS, which sad event took place on the afternoon of November 17, depriving them of his counsels as a teacher and his ripe experience as a practitioner of medicine, as well as a beloved friend and companion.

"Resolved, That in his death we recognize the loss of an eminent instructor, a physician of uncommon abilities, learning and extensive knowledge, which qualified him to fill the duties of his station in life with signal ability and usefulness. In him the public has lost an upright, benevolent and patriotic citizen; the sick of all classes a sympathizing friend and physician, and his family a loving, devoted and tender parent.

"Resolved, That these resolutions be spread upon the minutes of the Society, and that a copy be sent to his family, with the assurance of our heartfelt sympathy and condolence in their great bereavement."

Professor G. A. Ross, of Mobile, Ala., died October 17th, of apoplexy. He was born in 1821, and was graduated at several institutions of learning, including the University of Virginia and the Pennsylvania Medical College. He served as Surgeon of the Palmetto Regiment during the Mexican war, and during the civil war was the Medical Director of the Department of the Gulf, under the Confederate Government. He was at one time President of the Mobile Medical Society, and of the Alabama Medical Society, and Professor of Therapeutics in the Mobile Medical College.

Died, on the 19th of September, Professor Luigi Somma, a victim of the terrible epidemic, that has so severely ravaged the population of that most beautiful and gay of Italian cities, Naples.

Beside being one of the leading teachers of the old and celebrated school of Naples, Professor Somma was the founder of the study of Pædiatrics in that city, and the learned senior editor of the "Archivio di Patologia Infantile," one of our best foreign exchanges.

During his lifetime, he devoted himself entirely and generously to his vocation. He was as true a philanthropist as he was a learned and progressive physician, and his loss which has been so keenly felt in scientific circles, will be a most painful blow to the Neapolitan children especially, who lose in him their kindest friend and a most generous protector.

CORRESPONDENCE.

TERREBONNE STATION, LA., Oct. 28th, 1884.

To the Editors N. O. Medical and Surgical Journal:

DEAR SIRS: -Please take note that in my formula, printed at the foot of my article "On the Treatment of Fever by Alkaline Saturation," Vol. xii, No. 4, either by slip of pen or type, is out of proportion in the vehicle. It should have been, Aq. menth. pip. oz. viij, instead of xvss. Please correct this, and oblige

Yours truly, L. S. HOLCOMBE, M. D.

Reviews and BOOK-Notices.

A Text-Book of Practical Medicine, designed for the Use of Students and Practitioners of Medicine. By Alfred Loomis, M. D., LL.D., Professor of Pathology and Practical Medicine in the Medical Department of the University of the city of New York, etc. Royal octavo, pp. 1102, with 211 illustrations. New York: William Wood & Co., 1884. New Orleans: Armand Hawkins, Cloth, \$6, sheep, \$7.

As the author states in the preface, this work is practically a revision and elaboration of lectures given during the past eighteen years in the Medical Department of the University of the city of New York. This work by an author whose ability as a teacher and as a writer has been previously so well established, scarcely needs an introduction. The aim of the author has been to make the work essentially American, believing, as he does, that many diseases present very different types in different countries and require correspondingly different courses of treatment.

The classification adopted is based on the etiology of disease and the arrangement of the book is both rational and convenient. After an introduction, brief but sufficiently comprehensive for the purpose of the work, on the subject of inflammation, the author proceeds without further discussion of the principles of medicine, so apt in a practical work of this

kind to be tedious, to the consideration of special diseases.

The author thinks the great diversity of opinion with regard to the morbid changes of chronic phthisis "compels to the opinion that tubercle is either absent or plays but a secondary part in a large proportion of cases." He devotes several pages to the climatic treatment of phthisis. He thinks its "usefulness is confined almost exclusively to the first stage of the disease and that no absolute rules can be laid down for it." "Each case must be carefully analyzed before any definite directions can be given as to the climate best suited to it."

Acute lobar, or crupous pneumonia is defined as "an acute general disease characterized by an inflammation of the vesicular structure of the lungs, with an exudation into the alveoli which renders them impermeable to air." He thinks "the pneumonic lung no more requires treatment than the intestinal ulcers of typhoid fever; it is the general condition of the patient, not the local changes, which is to govern us in the management of each case." He accordingly condemns venesection and all "cardiac sedatives," since they "add a new load to an already overburdened heart." For reducing temperature in pneumonia, he is decidedly against the use of cold on the surface, but highly approves of sulphate of quinine in doses of "gr. x to gr. xx, within a period of not more than two hours, as he thinks the very large antipyretic doses, recommended by some, to be attended with danger. He refers to the proposed antiseptic treatment of pneumonia, but thinks no definite statements can yet be made concerning it.

The section on diseases of the heart, is especially valuable, as he pays great attention to the differentiation of heart troubles. The discussion of

malarial diseases will be found interesting and instructive.

Throughout this work the reader will be impressed with the individuality of the author. The style is concise, but agreeable, the sentences being all short and involving no circumlocution in stating opinions and conclusions. The author is clear and positive in his statements, and is to be commended for the attention paid to the differential diagnosis of diseases. The type is large and distinct, making reading easy and pleasant. We confidently commend the book to students and practitioners of medicine.

F. W. P.

TEMS

In spite of the anticipations of the Homœophilists, the regular physicians of New York who compose the New York State Medical Association, held a splendid meeting on Tuesday, November 18th, 19th and 20th. The papers read, were of a highly creditable character, and in accordance with the eminence of the gentlemen who read them. The meeting was largely at-

tended and brilliant throughout, proving clearly that the *fraters* of the homœopathists were not necessary to medical progress. We regret that our present lack of space forbids a more extended notice of this meeting, but in our next issue we will endeavor to present extracts from these interesting proceedings.

Dr. L. M. Yale, in the *Medical News*, says, that from data furnished by 7,000 cases of anæsthenia produced in London hospitals, every case manifesting alarming symptoms which was rolled on the left side recovered, while those rolled upon the right side died. While this does dot establish a general law, it would seem well to turn upon their left side all persons who while being anæsthetized, manifest alarming symptoms.—*Ex*.

It is said that by the following simple method, almost instant relief of ear ache is afforded: put five drops of chloroform on a little cotton or wool in the bowl of a clay pipe, then blow the vapor through the stem into the aching ear.—Ex. (It hydrochlorate of cocaine is as powerful an anæsthetic as represented, then it should be the anti-otalgic remedy par excellence.)

The real character of the the New York County (?) Medical Society ("liberal code"), is well illustratied by the recent election of two homcopaths to their society. The Record, with extraordinary sagacity explains that these men are not homcopaths, because they have "distinctly renounced dogmatic homcopathy." We have failed to see, however, in the report of the "comitia minora" of that society any renunciation on the part of the new members to the title, "homcopath," given to them by the Hahnemanian school, in which they were graduated. They remain, therefore, homcopaths, though not "dogmatic" homcopaths, as the Record lucidly says. As they are not "dogmatic," we must suppose that they are "liberal" homcopaths," and as there is a certain homogeneity in the terms "liberal homcopathy" and "liberal allopathy," it is not surprising that their secret affinities should have incorporated the whole into one euphonious homce-allopathic corporation. It is sad, however, when we contemplate this rising bud of medical liberalism, to think that it is a hybrid product, and that as such it must die sterile.

That excellent pablication, the *Annals of Surgery*, will appear again in December. It has been thoughly reorganized, and promises to be even more interesting and valuable than in the past. From the prospectus, which has just been issued by the publishers, Messrs. Chambers & Co., of St. Louis, and by the list of collaborators in the United States and England, we are confident the "Annals" will truly represent the spirit and progress of modern surgery. Dr. L. S. Pilcher, of New York, one of the former editors, and Dr. C. B. Keetly, of London, will edit the Journal, which is to appear simultaneously in Great Britain and America. Drs. T. G. Richardson, of New Orleans, and W. M. Mastin, of Mobile, are among the distinguished representatives of Southern surgery in the list of collaborators. The subscription price is \$5 per annum.

The medical profession throughout the United States is to be congratulated upon the successful operation for cataract recently performed upon the eyes of the President of the American Medical Association, Prof. Henry Campbell. Dr. Chisolm, of Baltimore, operated upon the distinguished gentleman, who is at present perfectly restored and actively engaged in his professional occupations.

METEOROLOGICAL SUMMARY—OCTOBER. STATION—NEW ORLEANS.

Date.	Daily Mean Barometer. Daily Mean Temp' rature Daily Max. Temp' rature Daily Min. Temp' rature Daily Min. Temp' rature Daily Min.	GENERAL ITEMS.
1 2 3 4 4 5 6 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 Sums Mean:	30.073 80.9 86.4 74.7 30.043 76.2 86.0 70.6 1.15 30.065 80.6 86.8 73.5 .48 30.058 79.4 84.9 72.0 30.026 80.0 85.8 73.6 .03 30.018 80.9 86.5 73.7 29.9970 82.8 90.0 73.1 29.970 82.8 90.0 73.1 29.970 82.8 90.0 73.1 29.970 82.8 90.0 73.1 29.970 82.8 90.0 73.1 29.970 82.8 90.0 73.1 29.93 78.4 85.0 73.5 30.005 73.4 84.5 69.6 30.004 80.0 86.0 71.8 30.01 79.6 84.8 71.8 30.03 479.9 80.8 71.0 30.168 75.7 82.0 68.6 30.209 72.7 79.5 63.8 30.05 73.8 81.5 64.2 30.05 73.8 81.5 64.0 49.0 30.189 65.4 72.0 55.0 30.003 70.9 75.3 68.5 1.10 30.05 71.7 71.7 3.0 67.2 14 30.044 67.8 70.0 63.6 1.35 30.01 70.3 73.0 65.5 5.0 30.019 70.3 73.0 65.5 5.0 30.019 70.3 73.0 65.5 5.0 30.005 64.4 69.4 57.2 5.60 83.0 .01 90.3 74.4 80.3 67.2 5.60 83.0 .01 90.3 74.4 80.3 67.2 5.60 83.0 5.5 60.5 5.0 5.0 30.005 64.4 69.4 57.2 5.60 83.0 5.5 60.5 5.0 5.5 60.5 64.4 69.4 57.2 5.60 83.0 5.5 60.5 5.0 5.5 60.5 5.0 5.5 60.5 5.0 5.5 60.5 5.0 5.5 60.5 5.0 5.5 60.5 60	Greatest daily range of Tempert'e, 18.0. Least daily range of Temperature, 5.8. Mean daily range of Temperature, 13.10. Mean Daily Dew-point, 63.9. Mean Daily Relative Humidity, 72.2. Prevailing Direction of Wind, East. Total Movement of Wind, 5041 Miles. Ilighest Velocity of Wind and Direction, 23 Miles, East. No. of foggy days, 0. No. of clear days, 17. No. of fair days, 9. No. of cloudy days, 5. No. of days on which rain fell, 10. Date of solar halos, 0. Dates of lunar halos, 26–29. COMPARATIVE MEAN TEMPERATURE 1873. 84.2 1879. 81.0 1874. 83.9 1880. 81.3 1875. 79.3 1881. 82.8 1876. 82.2 1882. 73.3 1877. 83.1 1883. 75.4 1878. 83.5 1884. 74.4 COMPARATIVE PRECIPITATIONS. (Inches and Hundredths.) 1873. 8.30 1879. 10.44 1874. 4.82 1880. 4.60 1875. 8.61 1881. 4.21
		1876 4.44 1882 2.16 1877 2.54 1883 3.43 1878 5.31 1884 5.60

M. HERMAN, Sergeant, Signal Corps, U. S. A.

MORTALITY IN NEW ORLEANS FROM OCT. 25TH, 1884, TO NOV. 22D, 1884, Inclusive.

Week Ending.	Yellow Fever.	Malarial Fevers.	Consump- tion.	Small- Pox.	Pneu- monia	Total Mortality.
Nov. 1st	0	19 13 8	17 24 25 19	0 0 0	6 7	128 151 138 134
Total	1 0	48	85	0	20	551

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Lactopeptine having been prescribed for some of my friends during the past five years—apparently with very satisfactory results—its formula, which is stated on the bottles, and its general characters, have become well known to me. But recently, the manufacturer of this article has asked me to witness its preparation on a large scale, to take samples of its ingredients from large bulks and examine them and also mix them myself, and to prepare Lactopeptine is what its makers profess it to be, and that its ingredients are in quality the best that can be obtained. This I have done, and I now report that the almost inodorous and tasteless pulverulent substance termed Lactopeptine is a mixture of the three chief agents which enable ourselves and all animals to digest food. That is to say, Luctopeptine is a skill-fully prepared combination of meat-converting, fat-converting, and start-converting materials, acidified with those small proportions of acid that are always present in the healthy stomach; all being disseminated in an appropriate vehicle, namely, powdered sugar of milk. The acids used at the factory—lactic and hydrochloric—are the best to be met with and are perfectly combined to form a permanent preparation; the milk sugar is absolutely pure; the powder known as "diastase" or starch-digesting (bread-potato-, and pastry-digesting) material, as well as the "pancreatine," or fat-digesting ingredients, are as good as any I can prepare; while the pepsin is much superior to that ordinarily used in medicine. Indeed, as regards this chief ingredient, pepsin, I have only met with one European or American specimen equal to that made and used by the manufacturer of Lactopeptine. A perfectly parallel series of experiments shewed that any given weight of acidified pepsin, alone, at first, acts somewhat more rapidly than Lactopeptine containing the same weight of the same pepsin. Sooner or later, however, the action of the Lactopeptine overtakes and outstrips that of pepsin alone, due, no doubt, to the meat digesting as

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K. DE ROY SATTERIBE, M. D., Ph. D., Prof. Chem., Mat. Medical College
K. DE ROY SATTERIBE, M. D., Ph. D., Prof. Chem., and Hyg. and Therap in N. Y. College of Dent; Prof. Chem. and Hyg. in Am. Vet. Col., etc.

AB. ATKEN MEIGS, M. D., Philadelphia, Pa., Prof. of the Institutes of Med. and Med. Juris., Jeff. Med. College; Phy. to Penn. Hygpital.

W. W. DAWSON, M. D., Cincinnati, Ohio, Prof. Prin. and Prac. Burg., Med. Col. of Ohio, ; Sur. to Good Samaritan Hospital.

PROF. JOHN ATTFIELD, Ph. D., F. R. S., F. I. C., F. C. S., London, Eng., Prof. of Prac. Chem. to the Pharmaceutical Society of Great Britain.

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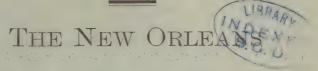
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Cleveland, Ohio, July 30, 1883.

i have used your preparation, Source was, extensively, and have been well satisfied with its results. You are to be congratulated on the value of the article which you offer to physicians.

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R. A. VANCE, M. D. Plainfield, N. J., March 11, 1884.

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C. M. FIELD, M.D. St. Louis, July 20, 1883.

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Louisville, Ky., June 12, 1883.

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T. S. BELL, M.D.

Cincinnati, March 11, 1884.

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NEW ORLEANS MEDICAL AND SURGICAL JOURNAL.

JANUARY, 1885.

ORIGINAL PAPERS.



Perforated Fracture of the Cranium, followed by Epilepsy.

Clinical Lecture, and Operation with the Trephine, Nov. 5th, 1884.

By J. McF. Gaston, M. D.,

Prof. of Surgery in Southern Medical College, Atlanta, Ga.,

In the regular lecture of this morning, I presented to you some of the irregularities which occur in the healing process of the soft tissues, and, as a fit sequel to those remarks, your attention is now called to an unfavorable result in the restoration of the bony structures after a fracture of the cranium.

Before introducing the patient, I avail myself of the opportunity to make some observations of a general nature upon injuries of the head, and would note the distinction of concussion, which consists in shock of the brain and compression, which results from extravasation of blood within the cranium. Some difference of opinion as to the characteristics of concussion has existed since the presentation of a case long ago by Litré, and of cases since by others, which seemed to prove that death might result from concussion without perceptible lesion of the substance of the brain, but the doubt raised as to those accidents being accompanied with other injuries to vital organs, leads to the inference that death may not have resulted from simple shock to the mass of the brain. It is well ascertained that

a blow upon the head may induce extravasation of blood upon the brain without causing a fracture of the cranium or any very perceptible abrasion of the scalp; and a case has come under my personal observation in which a fall off the feet backwards upon the occiput has induced a fracture of the bone of the skull without the least indication of injury to the scalp; while, in another case, a blow on the side of the head, without dividing the soft parts, caused a linear fracture of the parietal bones, but without any displacement, and upon removing the calvarium, a clot was discovered beneath the dura mater, which had heen the cause of death.

While fatal results ensue without ostensible signs of great violence externally, extensive fracture with depression of the fragments of the cranium occur, accompanied by laceration of the membranes and mutilation of the substance of the brain. in which the patient escapes. I recall a case at the battle of Williamsburg, in Virginia, with a minnie ball driven into the parietal bone so that its base was on a level with the external table of the bone, so firmly wedged that it could only be extracted by the use of the trephine, which was relieved by the operation, and yet no opportunity was afforded for knowing the final result. It is known that balls have entered the brain and become encysted without causing very serious trouble afterwards; and the celebrated case of Baron Larrey, in which he traced the course of a ball across both hemispheres of the brain by a soft sound, so as to detect its site in contact with the inner surface of the cranium, and to remove it by trephining on the opposite side from that of its entrance, illustrates the great tolerance of injuries to the cerebral structures.

The propriety of exploring with any kind of probe into the substance of the brain for the purpose of detecting the locality of foreign bodies which have penetrated the cranium is very questionable, and the difficulty of seizing a ball or other solid mass imbedded in the substance of the brain has led to the adoption of a course of masterly inactivity by most surgeons who are called to treat such cases. As a rule, when the opening is large enough to admit of the point of the little finger, it is the safest and most efficient instrument which can be used for obtaining information as to the presence of any foreign body in the brain. But this should only be resorted to immediately upon the occurrence of such injury, and the proper appliance, for the extraction of any body which may be discovered can be used more appropriately at the outset than after softening of the structure has ensued by the process of suppuration.

The large per cent. of fatality in operations with the trephine makes it proper to state that success cannot be assured in the present case.

I will present a patient to-day without any exuberant development of bones after a punctured fracture of the cranium. Punctured fractures of the skull, perforating the outer and inner tables with the diploe, and injuring the membranes of the brain, if not its substance, are always serious, the wound being inflicted by a pointed instrument, that opens the scalp, generally displaces both tables, the inner being more depressed and more badly broken than the outer and constituting a compound fracture.

"Should the patient be so fortunate as to escape with his life," Gross claims "that he can scarcely fail to suffer afterwards from cerebral irritation, especially epilepsy and mental imbecility."

In this class of cases trephining is thought by all to be indicated at the earliest possible moment, whether there is compression or not.

In the event of secondary phenomena resulting from irregularities of the inner table, or from growths of an abnormal kind set up in the bony structure, this operation is requisite. The trephine may be used in compound fracture with depression of the bone, with or without symptoms of compression—in simple fractures with depression, and symptoms of compression, after a fair trial of ordinary means—in punctured fracture, no matter what may be the condition of the brain. Extravasation of blood between the

skull and dura mater, or in the arachnoid sac on the cerebral hemispheres—the existence of pus in the same situations—when foreign bodies exist—for epilepsy and other secondary effects.

The patient to come before you was struck with a piece of timber, having a nail in it, which penetrated through the upper and posterior portion of the left parietal bone, with laceration of the membranes and substance of the brain. He was unconscious for some days, and, doubtless, had more or less sanguinous effusion within the dura mater, which is invariably a cause of compression, and may even cause death when no fracture exists or even without cutting the scalp. We have no professional history of the case and must rely upon the patient's statement of immediate and remote effects of the fracture. He says that after discharging for four or five months the wound closed, and within a few months he began to have convulsions at intervals of a few weeks, which have continued with increasing severity for the past two years; and for the relief of which he is sent by a gentleman of Oconee, S. C., to submit to this operation He has been under special observation during the past week, but has not presented any of the characteristic phenomena of epilepsy, though he reports a slight muscular twitching on one occasion, in the absence of all the employes of the hospital. With the lights before us as to the tendency of epilepsy to a serious result in its occurrence after such fractures, and the better prospects of success from an early operation, it is thought best to proceed at once to remove a button of the bones immediately embracing the fractured The cicatrix of the scalp shows the exact site of the injury and he complains of pain when any pressure is made upon this point, indicating a source of irritation to the nervous system. As it is now understood that the cortical portion of the brain or the gray matter of other portions of the nervous system, is the seat of these emanations of an explosive nature in epilepsy which are developed periodically or occasionally in the muscular structures, it may be inferred that some disturbance springs from the solidified and thickened cicatrix of the investing membranes of the brain. If no protuberance should exist from the inner table of the skull, there may be some modification of the dura mater or of the anachnoid membrane which creates tension upon the adjacent gray tissue of the brain which admits of relief by removing all pressure from the cranial covering of bone.

The various instruments which are likely to be required in the course of this operation are in readiness upon the table, being a scalpel with which to make the curved incision of the scalp so as to expose the space around the point of injury-an oblique-edged chisel with which the periosteum is to be raised - an English gimlet-handled trephine—an elevator—retractors—an open catch for seizing the button of bone—a screw to fix into the central aperture, if any traction is requisite to lift the bone after the division is completed—two spring forceps—tenaculum—ligatures--threaded needles--bandages--absorbent cotton-liniment of vasaline one ounce, carbolic acid and camphor each 1/2 dr.—a basin of water with five per cent, of carbolic acid—sponges, and the chloroform, with a cone for its administration. The operating table has a pillow with a solid support for the head of the patient.

Beside the instruments for use, I show you a long-handled French trephine, with a sheath to slip down outside of the circular border of the crown, with a view to regulate its progress, and obviate wounding of the brain. But it only conceals from view the corner of the trephine, without fulfilling in a satisfactory manner the object for which it is intended.

There is also a conical screw trephine, which was reproduced some years ago by Dr. Galt, with the recommendation of being arrested as soon as the bone is severed, and thus obviate injury to the brain.

The mode of working the trephine has been varied by using a handle similar to that of the drilling apparatus, and

recently machinery with a motor by steam, or electricity, has been introduced for working the trephine during the operation.

But with proper precaution in the manipulation of the simple apparatus, with a central pivot regulated by the slide on the shank, as seen in this instrument I hold in my hand, the most satisfactory results may be secured, as has been verified in my operations, and in those of other surgeons.

Dr. Elkins will please to inject a solution of ½ grain sulphate of morphine into the arm of the patient, and after wards proceed to administer the chloroform in the presence of the class.

As you preceive, he is a vigorous young man, and observing the injunctions of Paget, I have sought to preserve the healthy standard by simple diet, and have only ordered the compound cathartic pills on two occasions to correct torpor of the intestinal canal.

While he is coming under the effects of the anesthetic I will proceed to show the surface from which the hair has already been clipped around the site of the cicatrix, which presents only a small surface that may be covered with the end of my little finger.

Mr. Few will take charge of the sponges, and the delivery of the instruments will be entrusted to Mr. Saunders, who may now hand me the trephine to delineate the extent of the circle; and you see a sign of blood in the centre, from the point which penetrated slightly in the cicatrix, while the circular indentations of the teeth afford a guide for the incision, outside of this line on the scalp.

As the patient seems to be unconscious, I will proceed to describe a semi-eliptical curve around the cicatrix, with the bistoury, cutting entirely through the scalp, and then dissect up the pericranium so as to expose the bone for the action of the trephine.

In making this curved insertion you observe that two cutaneous arterial twigs have been divided, and though the color of the blood corresponds to that of venous blood, this is the ordinary result of chloroform on the circulation, as it prevents its oxygenation in the lungs,

These orifices being secured by the spring forceps, allow me to proceed with the elevation of the periosteum, and turn it back upon the flap formed from the integument. Having the bared surface of the bone ready for the operation, with the trephine, this instrument, with the central point projecting slightly beyond the plane of its circular teeth, is to be used, as you will see, for the perforation.

Dr. Nicholson will now take up the two small vessels, so as to ligate them before going on with the operation.

The trephine here acts upon the outer table of the skull by half rotating, from right to left, and from left to right. The circular tracing in the bony structure being now effected the point will be withdrawn, and the circular line of teeth continues to penetrate until I have evidence in the lessening of resistance that the outer table is divided, and the diploe has been invaded. The outer rim of the instru ment is now cleaned with a sponge, while the inner surface is freed from being matted by this little cylindrical brush, and I use the tooth-pick to turn the debris from the circular trench. Again the same process is repeated, and measurment at all points of the circle assure us that the teeth have passed through the inner table in the lower side, so that in replacing the trephine it is lifted up so as only to cut upon the upper borders, and the turns are made without using pressure upon it.

On turning the instrument, I find the button of bone loose on one side, and only attached slightly on the other margin, and, hence, the open catch is applied to lift it out, but, failing in this, the elevator avails for its separation.

You observe that the circular margin is free from any inequality, but that one side of the disc is thicker than the other, which accounts for the instrument cutting through sooner on this border of the circle. It is evident that a slight wounding of the dura mater has been caused by this, and the closure of the wound will be delayed until the oozing of blood ceases by exposure to the air.

In the meantime I would note that there is no thickening of the inner table of the skull in the part removed, nor can I perceive any projection inwards with the finger carried around the open circle next to the dura mater, so that the epiliptic attacks result most probably from some change in the membranes of the brain by the original injury.

I now proceed to close the wound by putting in the three (3) stitches of silk at the remote border of the flap, leaving the intermediate space on each side for drainage, if there should be any discharge of a sero-sanguinolent nature to-day, or of a purulent character afterwards.

The pulsations of the brain are seen in the movements of the flap, and only gentle pressure will be used in the application of the dressing.

A thick layer of the absorbent cotton with the liniment of vaseline, carbolic acid and camphor spread over the side next the scalp will prove aseptic; and it is secured slightly by a bandage with a turn around the head, and another beneath the chin.

The influence of the chloroform is passing off, and leads soon to vomiting as usual. He has only eaten, early this morning, a cup of milk and a piece of bread, and I will order for the rest of the day simply chicken soup.

The patient may be placed on a stretcher and carried to his bed in the hospital, observing every caution against disturbance, and prudence in his diet.

Nov. 8, 1884. You are called to the bedside of the patient, who was trephined on the 5th inst., to note his present condition; and I would state that on the morning following the operation he was found with flushed face and general heat of the surface, accompanied by slight delirium from traumatic fever. The site of the scalp wound being then examined, the flap was found to be united around its margins to the corresponding edges of the scalp, and there was local heat and puffing of the entire surface, which induced me to open one side of the flap by introducing a probe along the line of incision. There was a free discharge of sanguinolent fluid; and

water dressings were ordered locally, with internal use of aconite during the day. In the afternoon all the excitement had passed off, and a drainage tube was inserted to promote the discharge of serous or sanguinolent collections, with the expectation that this future trouble would be obviated. But I was called yesterday morning to find the patient in a more aggravated state, though the discharge from the wound continued, and the fluid then seemed to be assuming a purulent character. The pulse was slower and the respirations less frequent than natural; yet there was no marked change in the pupils, and the temperature but little augmented beyond the normal standard. He had passed urine several times, and had an evacuation from his bowels: so that the aconite was continued, with directions to use only chicken broth as diet.

In the evening all the symptoms of cerebral trouble had increased, with an augmentation of temperature, the thermometer indicating from 102 to 103 Fah., at different hours, and yet the discharge from the wound kept up, with signs of pus mixed with the sero-sanguinolent fluid. He was in a semi-comatose state, and took no cognizance of what was passing, except when aroused by loud talking, or taking hold of him, yet swallowed what was given him to drink.

Upon calling early this morning he was reported to have been violent in the early part of the night, for which bromide of potash had been given as directed for such a contingency, but without affording relief, and eventually there superseded paralysis of the arm and leg on the right side, with subsidence of the general excitement.

You perceive now that the left pupil is considerably dilated, while the right is somewhat contracted; the hemiplegia being complete on the right side, while the wound in the dura mater is over the upper and posterior portions of the left hemisphere of the brain, thus confirming the view of the crossing of the fibres of nerve substance in leaving the cranium. In consideration of the gravity of the situation at present I now proceed, with the assistance of Dr. Elkin, to remove these three stitches, and lay back the flap, so as to expose the opening in the cranium, and you perceive there are some remaining coagula, notwithstanding that the drainage tube has been pressed under the flap.

Upon removing this it is found that the dura mater has united, completed at the margin, which was divided, and that it is very tense and bulging into the opening of the bone, so that I proceed to divide it with the point of this bistoury, making a linear opening in the diameter of the circle, which gives an outlet to some grumous blood mixed with serum, that must have caused compression, and has doubtless led to more or less inflammatory action in the arachnoid membrane, and to disintegration of the substance of the brain. This trouble might probably have been arrested by proceeding yesterday morning to open the wound, but it was not expected that closure of the opening in the dura mater had occurred, and with the continuous discharge through and around the drainage tube, this step did not seem to be requisite, except as a dernier resort.

You observe that after all the grumous blood is removed from beneath the dura mater, the proper cortical structure comes into view, yet there is no appearance of pulsation in the brain, and you will recollect that I drew your attention to a similar fact at the time of the original operation, while the patient was under the profound influence of the chloroform, establishing some correspondence between that condition of anæsthesia with the coma now existing.

It will be also remembered that when the effects of the chloroform ceased, and the flap was closed, your attention was drawn to the return of the pulsation propagated to the scalp that crossed the lumen of the cranium. This is an observation which may throw some light upon the sphygmographic experiments, reported in the last edition of the National Dispensatory, upon an opening in the cranium.

showing diminution of intracranial pressure from large doses of quinine as a sedative, in contradiction to the increased tone and elasticity of the cerebral vessels from smaller tonic doses of this article.

I have not had occasion to note this absence of pulsation in the brain from chloroform or coma previously, nor do I recall any allusion to it.

November 10th. You are prepared by what was seen on day before yesterday, to learn that the patient died on that evening from the traumatic injury being extended to the membranes and substance of the brain.

Yet it behooves us to learn something even from such unfavorable results, and while the division of a portion of the dura mater from the inequality of the bone on the opposite side of the disc, included in the circle of the trephine, was the cause of trouble, the closure of this opening by adhesive inflammation was the operative or active element.

The discharge of blood having entered beneath through the opening, was shut in by its closure, and set up the inflamation that was propagated to the surrounding textures. Could this have been known to exist on Friday morning, the 7th inst, when the comatose condition first appeared, and the step taken which was adopted at 12 o'clock on the following day, it is most probable that relief would have been afforded.



Tetanus and Tetany.

By M. SCHUPPERT, M. D., New Orleans. (Continued from last Number.) CASES OF TETANUS.

One of the cases of Tetanus, which may serve as a type for many others, I have already mentioned above with the history of the negro who suffered from Tetanus consecutive to an operation for the "radical cure of hernia." I referred to that case in opposition to the opinion advanced by some surgeons, that death took place from exhaustion caused by the frequently repeated paroxysms

of the spasms. In that case, the convulsions were totally suppressed by the sub-cutaneous injections of Curara, but death set in, nevertheless, in the usual manner and time.

Another case may serve to prove how serious apparently trifling injuries may turn out. Near thirty years ago, I visited the Charity Hospital in company with the then house surgeon, who wished to show me a patient of great interest to him. In passing the bed of one of the old chronic inmates, whose feet projected over the end of the bed, the surgeon seeing, unfortunately, the nail of the left big toe almost detached and hanging down from its natural insertion, seemingly adhering by only a small piece to the inner margin, tore the nail off with a jerk. It was the work of less than a second. Nevertheless, that rude handling produced great pain, for the man uttered a loud cry, so sharp and shrill as to startle every inmate of the room. A few drops of blood escaped, and the whole affair would have been forgotten, had not a few days later renewed attention been called to it. Trismus, and subsequently Tetanus, had set in, and the poor fellow expired on the third day of his recent ailment. Such a case is often more instructive than one affording a so-called capital operation. They teach us that there are no trifles in surgery, and that even the smallest causes may bring forth the greatest and most serious consequences. Like the rolling of a particle of snow, not larger at first than a bean, detached and set in motion on the top of a snow-covered Alpine mountain, by the flapping of a bird's wings, but growing in size with the distance, by snow grasping snow, will finally attain the formidable size of an avalanche, and bury a whole village; thus may a trauma apparently trifling in its beginning, attain formidable proportions in time and end by destroying life.

Another of these Tetanus cases, concerned a boy about 10 years of age, who had one of his fingers crushed in a machine in his father's foundry. He was brought into my office on the 30th of October, 1882, immediately after the accident. The 2d and 3d phalanges of the middle finger of his right hand had evidently been crushed. The finger was

so thickly besmeared with tar, and so painful to the touch, that it could not be further examined. Amputation, probably indicated here, was looked upon with diffidence. Morphine (gr. 1/4) was administered hypodermically, fomentations of a three per cent. phenolwater ordered to be constantly applied, but which, as I afterwards learned, had been insufficiently used. On the 10th day, no suppuration having yet set in, and parts of the finger presenting some putrefaction, warm poultices of cortex ulmi powder and phenolwater were ordered. The patient being one of those obstinate, totally unmanageable boys, I had every reason to fear for the worst. With every day which passed I felt more and more relieved; but on the 17th day after the injury, when his father, with a friend, entered my office in the evening, I felt immediately that my fears had finally become realized, and before the visitors had said a word, I stated to them the object of their visit, and that lock-jaw had set in. Unfortunately I was not deceived. Arrived at the boy's domicile, I found him in bed, presenting the symptoms of Trismus. I insisted upon another surgeon being called in to assist me in the attendance upon the boy, and help me in carrying the unjust reproaches which seldom fail to be heaped upon the physician if the case ends fatally, as almost always happens here. The poultices were continued, and hydrate of chloral with bromide of potassium given internally, with chloroform inhalations to moderate the paroxysms. It was more the therapuetical "ut aliquid fecisse videamur' than a hope of a successful issue, which controlled our action. The expectation of a favorable issue diminished as the unfavorable symptoms of the disease increased, with Tetanus speedily setting in. The paroxysms soon increased in severity, and with them the slender hope that the disease might turn into a so called "chronic form," finally exhausting itself, disappeared. With me, that hope, which, in other words, would have been based upon an error in the diagnosis, had already become extinguished. Nevertheless, I made the proposition to my colleague to try the effects of oxygen-gas inhalations, which

proposition was accepted. I took good care to have the gas of a pure condition and always ready on hand in sufficient quantities. I had in my possession four india rubber bags of the capacity of five gallons each, which were here used continually, day and night. Every hour I could spare, and I spent many hours by the bedside, I administered the gas myself, at the same time holding in check the paroxysms of the spasms with chloroform. Internally wine of Tokai and beef-tea were given. In this manner, I had the satisfaction of observing the Dyspnoea and Pleurosthotonos disappear, which symptoms had, in fact, been the main motive in proposing the use of the oxygen-gas. It is known that when the normal quantity of that gas in the arterial blood which passes into the medulla oblongata and pons and by which the regular rhythmic motion of the respiration is induced—has been diminished and the carbonic anhydride thereby increased, that the symptoms of Dyspnoea with spasms of the respiratory muscles, and mostly so of the diaphragm, will set in, and finally, general convulsions take place. During a whole day and night I had personally attended to these inhalations. Over forty gallons of oxygen-gas had been consumed, and being able to speak ex cathedra, I may say that the result was evidently beneficial, and I am fully convinced of the efficacy of these oxygen administrations if properly and continuously given. Had they been continued in the same manner and measure during my absence as I had administered them, the result might probably have been a different one. But several times during my absence the gas had not been given in sufficient quantity, yea, even at times, had been totally stopped, for which one excuse or other was made. Towards the morning of the 23d, near 6 o'clock, feeling that my physical strength was giving away and being partially stupified by the chloroform vapors, I saw the necessity of obtaining a few hours rest and sleep. Leaving directions with the nurse as to what should be done during my absence, all of the many members of the family having retired. I went home. What should be my astonishment on my return after a few hours rest, in being met by the

boy's father at the hall with the words, "You cannot enter there any more. You have abandoned my child, and I have employed two other physicians." Further comment is unnecessary to analyse such a rude behavior, after what had been done on my part. My colleague, as a matter of course, was also as unceremoniously dismissed. The boy died two days afterwards, the oxygen inhalations, of course, had been discontinued though I had left the bags behind, but their efficiency was to our successors probably a tabula rasa. Such affairs are to be classed, of course, among the smaller annoyances of professional life, and against these excresences on the tree of knowledge and culture no preventive or curative remedies are in existence.

The last cases of tetanus I will give here of the great number I have seen and treated during my practice in New Orleans, though they do not present any extraordinary symptoms may still be mentioned. Both have some symptoms in common, but are nevertheless to be distinctly separated from each other, whether by the quantum of the poison, the different constitutions, or whatever the cause of difference may have been as to the absolute reason for the difference is difficult to decide. Both were Jews, of the same name, without being relatives. The elder one was about twenty-two years of age, the younger one seven years old. Both suffered a wound of the planta pedis of the right foot from a rusty nail. The older patient went through all the stages of the disease, from bad to worse, and died on the eighth day; but the younger one had a milder attack. The paroxysms of his spasms were from one half to one hour apart. His opisthotonos was not severe, and he recovered the third week, under the influence of calomel and opiates. If it was really a case of tetanus, (both happened amongst my first cases), it was the only one I saw recover; but I doubt the correctness of the diag-

When I saw the elder one, about 28 years ago, in July, 1855, trismus had already set in with stiffness of the muscles of the neck and a beginning opisthotonos He had the wound dressed with a common and popular remedy: a poultice of smashed cock-roaches. I divided the nerves in connection with the wound, according to Liston's advice, by a double V cut, one above the other, below the wound, so that the cuts had the form of an oblique parallelogram, and all nervous communication with the wound was arrested. But it had not the least effect upon the progress of the disease. The same negative result I obtained at a later time, in another case, where the division of the nerves was effected on the same day the person was wounded, also, in the planta pedis, by an old rusty nail. The operation was performed at the man's own request, and out of fear of contracting locked-jaw. He had been informed that such was a certain preventive against it. But what he wanted to avoid came nevertheless, for he died of tetanus.

The two cases just mentioned apparently so similar in their symptoms as dissimilar in their results, remind me of a number of cases of infectious diseases. During our several epidemics of yellow fever, I have seen some cases of vellow fever end fatally in a few days, while others passed through the various stages of the disease and recovered without ever having taken to bed. What happened here, why should not this also take place in tetanus? But another explanation is also possible here: that cases have often been taken for tetanus which were but cases of tetany. Thus, for instance, we find in the reports of our charity hospitals, during the ten years, from 1870 to 1880, among ninety-seven cases denominated "tetanus," not a single case reported of tetany If we except the four cases of "idiopathic and chronic tetanus," (of chronic one and idiopathic six cases, of which latter two died), there remain still fifteen cases reported as "discharged," and two as "cured." Taking the discharged also for cured, is it probable or even possible that that number should have recovered if they had been cases of real tetanus? There is no doubt in my mind that here we have cases of tetany amongst them, still, in the absence of all and every further specification, and where even the knowledge of the existence of

tetany is in question, how can we decide that point? The same has probably been the case with those few instances in my own practice, where cases were thought to have recovered from tetanus, whilst those symptoms and phenomena, then unknown, which we have since learned belong to tetany, had not been inquired into at the time.

I will now report a few cases of tetany, which have recently occurred in my practice, where no doubt can exist about their true character, even without the establishment of the specific phenomena in most of these cases.

CASES OF TETANY.

The first case of Tetany, to be mentioned here, though antedating my knowledge of that disease, still presented symptoms that indicated its nature.

TETANY FROM AN IRRITATION IN THE STUMP OF AN AMPUTATED FEMUR.

Some surgeons, as we are aware, have advised amputation in cases of Tetanus consecutive to crushing or serious injury of a limb. It is further known and confirmed by an extensive experience, that, except removing the pain, the operation has no curative effect. As a preventive against Tetanus the operation of amputation, on the other hand, if performed early, and the injury comprising but a small limb, a finger, or toe, may be considered still an open question. Among the various causes of Tetany, some authors, as we have heard, have mentioned amputation and subsequent cicatrization as also ligating an artery. I will give here a case in which it must remain doubtful what the real cause of the tetanic spasms may have been, though about the real character of the ailment hardly a doubt can exist. In 1854, a sailor, the carpenter of one of the Bremen ships in port, who had fallen through the hatchway of his ship and broken the right leg, was sent to the Charity Hospital for treatment. As was customary in that institution at the time mentioned, Liston's splint was applied, but a rope, used for the counter-extension in the groin, had been drawn a little too tight. The sailor stated to his captain that though he had complained of suffering great pain and a numbness

of his limb, the attending student had not considered it worth while to touch the bandage applied by the housesurgeon. The consequence of that inattention came near costing the man's life. It was the immediate cause of the man being taken out of the hospital by his captain, and given under my charge in a private boarding house, where the sailor had been lodging. In removing the Liston splint, the mischief was discovered. Not only had the rope deeply cut into the tissues, but the compression of the main blood vessels, which had become nearly deadened, had produced gangrene of the fractured limb, from the foot up to the kneejoint. (The simple fracture comprised the middle of the tibia.) On the day subsequent to the sailor's transfer, the gangrene had become limited near the kneejoint. Amputation of the thigh above the kneejoint by the circular cut was performed. The wound had nearly healed, with the exception of a small spot where the ligature around the crural artery was in situ, but still held firm, probably by a piece of fascia enclosed with it. One morning, in removing the dressings, the ligature I had previously cut short, was gone and could not be found. It was thought that it had been removed with the dressings. A week later, I was astonished to hear that patient had for two days suffered a great deal of pain in the stump, or, more correctly stated, and according to the man's own language, "in the big toe" though he was aware of its removal. He located the pain so exactly that no doubt could exist about its correctness-I was also informed that at those times of suffering the stump went into spasms, stood upright and what was still more curious, could not have been moved downwards, ex. cept by a great deal of force; if, however, any one took a seat in front of the stump, on the imaginary toe, it would relax by itself and the pain leave immediately. Since the attacks were stated to increase in intensity and had become more frequent, I resolved to wait for the spasms and become convinced of the facts myself I had not to wait long when one of those attacks came on and, indeed, I found the statement given not only correct in every respect, but was as-

tonished at the severity of pain, since the cries of the man could be heard at a distance of a whole square. Taking my seat on the bed in front of the stump, which stood erect, forming nearly a right angle with the body, it relaxed and came down by itself, though previously it had resisted a considerable force to stretch it. These paroxysms came on irregularly, about six and eight times during twenty-four hours. They vielded their severity to internal doses of opiates; still the rigidity of the muscles of that stump did not as quickly pass away after the spasmodic attacks. All the other muscles of the body remained free from spasms. The condition thus described had lasted over two weeks, when near the end of the third week a small abscess formed at or near the place where the ligature had been placed, the stump having in the meantime totally healed. In opening the abscess what should appear but the long lost ligature which, with some force, was pulled out. With the removal of the ligature the spasms did not entirely cease but they came on quite seldom, and without further pain. The sailor having taken passage on board ship, I lost sight of him. This, no doubt, is a most remarkable case. Wherein the irritation had its main seat is difficult to say, but if we have no right to classify that case amongst Tetany, I am at a loss what to call it.

Another case of tetany, which cannot be misinterpreted, nor leave the least doubt in enrolling it properly, and in which the irrritation was located in the intestinal tube, is the following:

TETANY FROM CONSTIPATION.

A woman about 45 years old had suffered during two weeks uninterruptedly from trismus and some rigidity of the muscles of the back and lower extremities. During that time she had been nourished through a defect of her teeth. She was in bed when I first saw her, and she had kept her bed since the beginning of her sickness. Her ailment had not changed from the beginning. The symptoms had neither been milder nor become more severe.

Not being able to recollect having contracted a wound previous to the ensuing trismus, with which it could be brought in connection, one of my next questions was regarding her bowels. She stated that she had almost daily evacuations, and that she had also twice taken a purgative, consisting "of senna, manna and salts" (sulphate of magnesia). I felt perfectly nonplussed, not knowing what to believe, considering it unlikely that it was a case of tetanus, I did not recollect ever having seen a similar case. I had ordered some pills of podophyllin, with calomel, and was told that she had several actions afterwards; but she had thrown the stools away, thus depriving me of a controlling sight. My visits had extended over a whole week, when, upon the twenty-first day of her sickness, at a morning visit, I met her walking her room and apparently relieved from her complaint, which, when I had left her on the day previous, had not changed in the least from the condition in which I first met her. I, of course, felt somewhat curious to obtain the key to that sudden change, when I was told by her that on the evening before a friend of hers, on a visit, had relieved her. The latter had been but a short time in the room when patient told her "that she felt as if something had given away in her bowels, which was pressing at the fundament," whereupon her visitor, after greasing her fingers, entered the anus and brought out in pieces what had been a hard ball of old fecal matter, which she judged to have been as large as a middle-sized orange. She further stated "that, with the moving of that concretion she had already felt her jaw somewhat relieved from the spasm, and, after the removal of the substance, she had left her bed; since, the rigidity of the muscles of the back and extremities had also disappeared."

Can we have here any other affection but one of Tetany? I do not doubt it. With the removal of the cause of irritation the relief was almost instantaneous. Besides, here is another proof how little we can rely on statements given by the sick.

Another and the last one of those cases of Tetany to be mentioned here in which the characteristic symptoms were inquired into and found to be present, is the following case of recent occurrence.

On the 11th of February of this year, towards evening, I was called upon urgently, to hurry and see Mr. B. at his home on Washington street, as he had been thrown out of his carriage, receiving considerable injuries, and was told that I might find him probably in articulo mortis, so seriously was he wounded. When I arrived at the man's side, I found his injuries, indeed, a horrible sight to look at. His scalp was hanging down in shreds, covering most of his face. The coagulated blood was spread over face, neck and clothes. Though the bones of half the skull were denuded, the periosteum was still uninjured. The cleaning of the head, of the three large flaps, comprising the right half of the integument of the skull, covered thickly with blood, sand, and mud, lasted over one hour. I had prepared for that purpose several pitchers full of a three per cent solution of phenolwater. The hair was shaved around the edges of the detached and lacerated pieces of the skull-cap. In washing off the coagulated blood, several branches of the temporal artery began to bleed and had to be ligated. With nine sutures the greater portion of the lacerated flaps were united, as well as the circumstances and a bad light would permit. An antiseptic dressing was applied and kept wet with phenolwater during the following days. Patient had also injured his right arm considerably, but was fortunate enough in not suffering a concussion of his brain, and escaping a fracture. His mind was perfectly clear from the time I met him. On the second day, he complained to his wife about "some stiffness of the neck, difficulty in swallowing and of opening his mouth," but these symptoms were attributed to the swollen condition of his head, he having been thrown against a tree. Patient also complained of great pain and stiffness in his right arm, which could not be bent except by using much force, causing also an increase of suffering. All this was brought in direct accord with the fall, and I first suspected tetany a few days afterwards, when his wife came into my office early in the morning

expressing her sorrow in not having informed me previously of those symptoms, which she had thought to be of no moment, but now she feared the worst, as she feared that lock-jaw might have set in. This statement was made on the 17th, four days after the accident. Upon my arrival at the man's bedside, an examination left no room for a doubt; trismus was present and had been there already for two days. A subcutaneous injection of half a grain of morphia removed all pain, and the stiffness of the neck also became less troublesome I left a prescription for twelve powders, each one containing one quarter grain of morphia, with the direction to administer a powder as often as the spasms should return. I also instructed the nurse how to employ chloroform by inhalations, in case the spasms might increase in severity. A mixture of Bromide of Potassium with Hydrate of Chloral was besides ordered to be taken internally. For nourishment, beef-tea with wine of Tokay, and eggs were given. On the same day, the 17th, all of the sutures but three were removed. Only small portions of the flaps had united, the greater part of the wound began to suppurate. The antiseptic dressings were continued.

On the following day, the 18th of February, the stiffness of the muscles of the neck and back had increased. The arm also was much swollen and a large abscess was forming. One and a half grains of morphia had so far been administered Fortunately, the defective teeth did not cause any difficulty in the administration of either nourishment or medicines. A purgative, given already on the second day, not having acted, I ordered one grain of podophyllin with ten grains of calomel, to be added on the next day, if the patient remained costive. The stool brought on early next day was possessed of an abominable stench. The tetanic spasms were evidently controlled by the Morphia. Chloroform had not been applied. The paroxysms came on during the night every three or four hours, when always a quarter grain of morphia was given, and with effect.

On the 20th, at my morning visit, the patient com-

plained, that at 3 o'clock in the morning he had suffered from "a smothering attack"-"that he thought he was going to die." During my presence and whilst patient was describing to me the symptoms of dyspnoea, another such attack came on. The intercostal muscles and diaphragm were evidently in spasmodic contraction, the chest prominent and the color of the face livid. I gave forthwith a subcutaneous injection of half a grain of morphia, and whilst I was preparing to administer chloroform, the spasms left him and he felt greatly relieved, but a rigidity of the muscles remained. Besides the spasms of the masseter muscles, there existed also an anæsthesia of the left lower extremity with a plantar flexion of the foot and toes. Both spasms were controlled by the morphia. If I had been still in doubt, regarding the true character of the patient's ailment, with the answers given to the experimental questions that doubt would have been removed by the subsequent investigation. Next to an elevation of the temperature during the paroxysms, there was evidently an increase of the electric irritation in the area of innervation of the facial nerve, producing the facial phenomenon of Erb-Chwotik. Equally visible was the tetanic contraction by closing the anode, the same but rare phenomenon which could be produced by opening the cathode. A slight blow with the percussion hammer at the pes anserinus major, or at the region of the foramen stylo-mastoideum, brought on spasms of the innervated muscles of the face of the corresponding side. Momentarily, also, contractions were produced in the crotaphitico-buccinatorius, by pinching the skin, comprising the peripheric nerve branches of the facial nerve leading to that muscle. I need hardly state further that in a disease in which the characteristics were so prominently apparent, that the phenomenon of Trousseau could not be expected to be missing, still the same existed but in a small degree, and only on the left upper extremity. The reason of its absence in the right upper extremity may probably be found in the extensive inflammatory condition of the right arm, the abscess from which was discharged about half a pint of pus.

All of the above-mentioned phenomena were of course produced during the intervals between the spasms, after the paroxysms had ceased, showing a still existing latency of the disease, and which renders them so invaluable diagnostic and pragnostic signs. Then, whilst almost anyone, not aware of the characteristic phenomena of tetany, would certainly have given the most unfavorable opinion about the end of the disease, my sole attention was directed towards the probable complications. When, therefore, the patient began to complain and describe the suffocating spasms he had suffered, and of which I myself became an interested witness, I forthwith began with the inhalations of oxygen, and I had the satisfaction already on the third day, at my morning visit, to be informed that the patient had dispensed with the inhalations, feeling in no further need of them. Not only the symptoms of dyspnæa, the paroxysms of which had appeared twice daily, and regularly at 5 o'clock in the morning and evening, had totally ceased, but also the rigidity of the intercostal muscles was gone, and the chest again presented a normal appearance. I am far from insisting that cause and effect were here visible. I look upon it as a report of facts, though the beneficial effect cannot be difficult of explanation, in knowing that the want of oxygen, or the presence of an accumulation of carbonic anhydride in the blood, is productive of spasmodic convulsions.

I have, therefore, given here the main symptoms characteristic of the patient's ailment. Few indeed would have hesitated to pronounce this to be a clear case of tetanus, and more so of "traumatic tetanus:" at least, Dr. Thomas, in analogy to the case of which he has given us such a minute description, would hardly have hesitated to offer his opinion in that direction.

All that is yet left for me to state in reference to the further progress of the patient's disease is that the paroxysms abated in frequency and intensity, and finally appeared in intervals of nearly a week, and then retained only the character of an occasional oppression of the chest. The rigid-

ity of the muscles of the lower extremities persisted, and mostly so on the right side, and his weakness caused him to use crutches as long as the fifth week, though I had discharged him already on the 25th of March. With that weakness, I ought also not forget to mention the still existing anæsthesia. It was a feeling, according to the description given above, which might be compared with walking on a thick carpet. I have since seen my man occasionally, and now nothing remains to remind him of the formidable disease from which he had recovered, and which he does not know better than to call "a fearful case of tetanus."

THE CASE OF DR. THOMAS.

It is now left for me to analyze that case of "tetanus' somewhat more closely which gave the Doctor so much cause for triumph, and became the exclusive theme of a whole lecture.

Positively assured of the correctness of his diagnostic utterances, as the Doctor may have been at the time that he wrote his "Remarkable Case of Traumatic Tetanus," and certain as he would have been to consider any doubt about the propriety of his differential diagnosis as impertinent or ignorant criticism, still I hope, upon a fair elucidation of the above statements, that the Doctor will not further insist upon his errors. To the conclusion I have come by perambulating the Doctor's essay.

Dr. Thomas says that it is evident, from a careful study of all the phenomena in any case of tetanus, either traumatic or idiopathic, that the origin is simply irritation, commencing, first, with the peripheral or wounded nerve, and then with the causa stenosa, wherever found. This origin seems to me, after elucidation given above, not so "evident" as the Doctor believes, and it would indeed be difficult for him to furnish the proof, or even a probability for his hypothesis. What he says here may apply to tetany, but to tetanus—never! The same may he said of the Doctor's further, but somewhat enigmatical remarks. "that all irritation, mental or physical, and capable of re-

flecting even sympathetically its own irritation, either by the toxiaemic contact upon the cerebro-spinal centres of the blood (when poisoned), or, as functional—the toxiaemic contact of the blood upon the cerebro spinal centres." I might try to rescue from this the mental association, knowing that pathological anatomy in the morbid appearance after death from Tetanus, has so far thrown out no light to illuminate the existing darkness by which we might be enabled to recognize the real nature of that disease. With regard here to that misapplied term, "functional," I fully concur with Erichsen, in saying that when this or any other disease is described as "functional" we only express our ignorance of its real cause.

The Dr., considering tetanus essentially a motor neurosis, has in its treatment two main objects in view—the removal of its exciting cause and of the irritable condition of the spinal cord. They are not with him as cause and effect, and the cessante causa, cessat effectus, has no weight with him. He subdivides the therapeutical action into four parts: First, to remove the missile, or agent, that produced the wound; Second, abolish, if possible, if not, lessen the peripheral irritation; Third, quiet the general nervous excitement and relieve the intense pain; and, Fourth, relax the muscular rigidity.

The first, as he must be aware, has never yet been of the least influence, and it may even, under circumstances, have done more harm than good. If not noxious in itself, it will by being removed have permitted access of a noxious atmospheric air to the wound, and, thereby, may have become the indirect cause of the formidable disease. Such a view is, of course, based upon the hypothesis—that tetanus belongs to the class of diseases with formed matter, or a germ disease. What supports this opinion of mine is the fact that a sub-cutaneous discission of peripheric nerve branches properly performed as in tenotomy, has never yet been followed by tetanus, whilst an open wound, also produced by iron and in the foot, but exposed to the air, is one of the most common causes of that terrible disease.

The doctor wants to lessen, if not abolish, the peripheric irritation. How could that be accomplished more radically than by an amputation, provided the seat of the injury would be located in such a removable part of the extremity? But experience has given only negative results, even without observing additional irritation.

Relief from the general nervous excitement and from pain may to a great extent be obtained, but has so far given no satisfaction in regard to a cure of tetanus. These factors, including the muscular rigidity, depend upon the cause of the disease, and the "cessante causa, cessat effectus," indicates the object to be attained. So far, all our therapeutical means applied as curatives, be it internally or externally, have been failures, and I do not see that the doctor has given us anything new, except that he places importance upon a Spanish fly blister. That he continues to labor under the error of the greater effectiveness of a morphia injection "near to the seat of mischief" is remarkable. I thought that question decided and put at rest among the errors of the past. Equally in error is the doctor in calling pain an "hyperæsthesia," or an exalted function of a sensitive nerve fibre. Pain can only be considered a perversion of sensation, which opposes the proper performance of the office assigned to a nerve, or its functions, but not an increase of the sensation. It is equally true with the sensitive as well as the motor nerves. Nobody will assert that these convulsive motions of muscular fibre, as in tetanus, are produced by the common function of motor nerves; and just as pain is caused by a perturbation of the normal function of some sensitive nerves by a dynamic disturbance within, or without the nervous system, so in tetanus, or any other convulsive motion of certain muscles, the cause may be in a dynamic disturbance within or without certain motor nerves.

Dr. Thomas' case was a girl six years old, living at a distance of ten miles from his residence. He tells us "that when he arrived he found the child in tetanic convulsions, the paroxysms succeeding each other much

more rapidly than in any other case he had ever seen (amongst his cases of traumatic tetanus), and they were also more violent and prolonged. The intermissions were not over forty minutes, and the spasms lasting from two to three minutes, or, perhaps, longer, and with an uninterrupted rigidity of the entire muscular system, which gave to the cutaneous surface the hardness of wood to the touch. The opisthotonos was so complete that the occiput and lower point of the sacrum only touched the bed, and was also continuous during the intermissions of the distressing convulsions." "It had been the most violent case of traumatic tetanus he had seen in thirty years, all of whom had died." "Contrary to the general rule, the arms were as much involved as the legs"-"the shoulders elevated by the contractions up to the ears." "The tendo achillis retracted permanently to such an extent as to keep the dorsal surface of both feet nearly in line with the spines of the tibiæ, and no ordinary amount of force could have flexed the feet."

All comment aside, could a better and more characteristic picture of tetany be given? I have copied the doctor's text almost verbatim, and I would be unable to give a more accurate description of that disease, even without the corroborating phenomena of Trousseau and Erb. But where every one cognizant of the nature of tetany, in the absence of all complicated symptoms would most assuredly have affirmed here the presence of that disease, and given the most favorable prognosis, we are informed by the doctor that "based upon the frequency of the convulsive paroxysms, both from education and previous observation, he "was led to give a prognosis of almost immediate death." And such in the face of the previous history of the little patient. The Doctor had been informed by the mother: "that on the 12th of November the girl had fallen from a horse, striking the point of the right shoulder, doubling her right foot under her body, in rolling on the ground. Carried into the house it was found that a seasoned sassafras stick had penetrated the plantar arch of the right foot, about one inch in depth. A physician had been called in to extract the splinter and to attend also to the shoulder, supposed to be dislocated. Before the physician's arrival, or soon after, the jaws had become locked and stiffness of the neck had been complained of by the patient. The physician, after extracting the splinter—a dislocation of the shoulder did not exist—and visiting the patient up to the 16th of November (during four days), had declined further attendance on the score: "that all treatment was useless, and that death was inevitable, as the patient continued to grow worse." Doctor Thomas, tells us that when he took charge of the case, "I was led to give a prognosis of almost immediate death." It was but two days after that "hopeless prognosis" had been uttered that the trismus abated, though this did not influence the Doctor's prognosis: we must consider it a favorable sign that no report was given on the next day. On the sixth day, November 21st, there was no report. On the 22d, the tenth day of the girl's sickness, after the two physicians had for six days thought the patient to be in articulo mortis, the symptoms had so far changed for the better that even no report was given, whilst on the day previous we are informed that trismus had become less, and the patient been able to take liquid food with an appetite still voracious, "as it had been from the first." We are informed further by the Doctor that on that day the torpid bowels had not moved from the first day of sickness, notwithstanding the administration of large doses of podophyllin with calomel. The spasms not so frequent, but little sleep, notwithstanding the large doses of bromide of potassium with hydrate of chloral—the general rigidity the same; temperature registered 106 Fah. (?). No perspiration, nor had there been any action of the skin, which is very unusual." I think so too, very unusual for a case of "traumatic tetanus," which, in fact, I have never observed in any of the many cases of that disease that I have observed; on the contrary, during the paroxysms the patients usually were bathed in perspiration. "The tongue," the Doctor continues, "still dry and coated; no thirst (also un-

usual); strabismus same, pulse 145: opisthotonos as before, with some pleurosthotonos." After "ordering the cathartic powder to be repeated with hypnotic mixture increased and painting blistering liquid the whole length of spinal column," the Doctor directed "the father to report, next day, progress, or, death."(!) Still no death came, though for six days expected, and at every minute, but instead of death the father reported considerable improvement. From the Doctor's visit on the following day, November 24th, we hear: "improvement perceptible except on right side. There was only slight rigidity on left side, but persistent from head to foot on right. A rash over the entire bodybromism—temperature 101° Fah.," which reduction the Doctor was "forced to believe as the result of the blister to the spine "(!). Opisthotonos not so marked; strabismus same, spasms only about every three hours and comparatively slight, Bowels freely opened with tendency to diarhea. Treatment continued as before." On the 25th and 26th there were no reports, and on the 27th the father came for more medicine and reported "still further improvement; good use of left arm and leg; foot flexible on ankle: no spasms in last twelve hours; right side still the same, head drawn much more to the right; strabismus same; right heel still as much retracted. Chloroform discontinued, patient slept for one or two hours at a time " From a visit on the 20th (the last one), the Doctor states a decided improvement in every respect. He observed "a numerous crop of furuncles scattered over the body, and boils very numerous and painful." He ordered "chloride of iron internally, and massage (!) with stimulating liniment to entire side." (Massage with a stimulating liniment is something new, and this over a body covered with furuncles.)

On the first day of December the father reported the patient gaining in flesh, with use of both arms; can flex thigh and knee, but not yet the ankle joint; heel also still retracted, with instep hard and tense as at any time; unable to stand on right foot. Appetite and digestion good, etc. The patient continued to improve, but did not recover flexibility

in the right ankle and foot until the middle of January, 1883. Of course, slight intermissions of paroxysmal attacks were not estimated, in view of the previous fearful character of these spasms, characteristic as they may be of a perfect picture of Tetany.

The exact specification of the disease, of the symptoms as well as its progress with subsequent diagnosis and prognosis given by Dr. Thomas, would argue a deficient nosological knowledge on his part.

Notwithstanding the intensity of the Tetanic convulsions, a few days of observation of the disease, of the phenomena characteristic of the specific symptoms foreign to all other Tetanic affections, ought to have been more than sufficient to correct any error, or given indications of being on the wrong scent. Hardly a case of this description could have been more explicit, or have given better rational proofs of the absence of Tetanus. The early setting in of Tetanic symptoms after the injury, the Tetanic convulsions succeeding each other with such a rapidity, of so high an intensity, with scarcely any intermission or relaxation, the extreme rigidity over almost the entire muscular system, which, as stated, gave the skin the hardness of wood, the spasms involving the muscles of the eye and upper extremities, and the characteristic permanent contraction of the tendo achillis with plantar flexion of the foot and toes, are almost all strangers to Tetanus. Finally, in neither trying the electric irritability of the nerves and muscles, nor the phenomena of either Trousseau or Erb, proves the Doctor's inability to discriminate between Tetanus and Tetany. The latter seems to him a terra incognita, The case appeared hopeless and discouraging to the Doctor and his colleagues, so much so that during several days he waited for instantaneous death of his patient. But when, instead of death an improvement took place, the Doctor began to speculate about the physiological actions of the diverse therapeutical remedies, which might have been of value and helped him to carry the case through. Though the Doctor came once near the truth in stating that the

"vis medicatrix natura might, after all, lay claim to the happy result; that he had to look upon the issue as a spontaneous recovery;" still he could not separate himself, from the "beneficial action and peculiar physiological effects of the drugs which he had applied, with others he did not apply, but might have, or intends to use in future." In his calculations "for a future victorious battle," I wish him all the success possible, but a previous acquaintance with the differential diagnosis between Tetanus and Tetany might possibly check his ardor.

Concussion of the Spine and its Relation to Neurasthenia and Hysteria.

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PROFESSOR OF NERVOUS AND MENTAL DISEASES IN THE NEW YORK POST-GRADUATE

The physician who is called into court to testify in a case of spinal injury witnesses a curious spectacle. The lawver for the prosecution waves before the jury a volume of " Erichsen upon Spinal Concussion." He reads to them, in impressive accents, the statement that every injury to the spine, however slight, is full of danger to the sufferer. He asks, with sonorous emphasis, if Mr. Erichsen is not a surgeon of world-wide fame; and if he does not say that slight injuries to the back may cause chronic spinal disease of the most serious character. He sneers at the work of a certain Mr. Page, who is known to be professedly only a railway surgeon. He shows that his client has paralysis, anæmia, meningitis, in fine, "spinal concussions."

On the other hand, the lawyer for the defence brandishes triumphantly a larger work, by Mr. Herbert Page, on "In-

Read at a meeting of the New York Neurological Society, Nov. 11, 1884. Abridged by the author for the New Orleans Medical and Surgical Journal.

According to Poor (Railroad Manual, 1834), there are 289,100,783 passengers carried upon the 113,329 miles of road in the United States yearly (in 1832). This is about six times the total population. For the M ddle States the number of passengers is ten per cent. of the population, and for New York about fifty million. Among these fitty million there occurred in 1882-33, according to the Report of the New York Railway Commissioners, 40 deaths and 194 injuries. In addition to this there occurred to employes 175 deaths and 722 injuries, and to fill others 285 deaths and 250 injuries, making the total casualty returns in this State for one year 4,55 deaths and 1,165 injuries. Calculating upon this basis, the number of deaths annually among railway passengers would be about 232, the number of injuries 1,125. For the whole country the total number of deaths would be not far from 2,871 among passengers, employes, and others, while the total number of injuries would be about 6,662.

juries to the Spine;" he reads to the jury cases of malingering therein related, shows that Mr. Erichsen has for years made a business of being an expert for people with injured spines, but he has never yet found a case that proved fatal. He quotes Mr. Page's two hundred and thirty-four cases of spinal concussion, in most of which recovery resulted, and shows, through his medical expert, that the spinal cord is so admirably protected that it could never possibly be injured by anything so utterly trivial as a railway collision.

The medical experts themselves in these cases necessarily testify in the most diverse way, according to their natural bias or the particular surgical authority or pecuniary support upon which they rely. And authorities are so unsettled and contradictory, and symptomatological data so uncertain that two medical men can with perfect honesty, if they go by written works, support quite opposite views.

The general tenor of Mr. Page's work is to the effect that the spinal cord is a very carefully protected and not easily injured organ. From a comparison of Mr. Page's views with those of Mr. Erichsen, we may learn what are the disputed points regarding the effects of injuries to the spine

Put in the form of queries, they are as follows:

First—Whether external violence can cause a simple concussion, and perhaps contusion of the cord, of a character analogous to concussion of the brain, or whether the cases heretofore so considered are really examples of spinal hemorrhage, or of dislocation, separation, or fracture with compression?

Second—Whether external violence or jars can cause direct contusion of the cord, or produce a structural change that ends in softening, there being no lesion of the enveloping osseo-ligamentous parts?

Third—Whether blows or jars, ever or often, set up a chronic meningo-myelitis or myelitis, no lesion of the spinal column being present?

It is to this last category that Mr. Erichsen relegates a large portion of his reported non-fatal cases of concussion

of the spine, and we must put in here, therefore, the counter-query:

Whether in a very large number of cases of chronic nervous disturbances, following railway and other accidents, cases usually diagnosticated in a routine way as "concussion of the spine," or chronic meningo-myelitis, the disease is not really mental (neurasthenia, hysteria, hypochondriasis), or else partly mental and partly the result of injuries to the spinal muscles, ligaments, and nerves?

Fourth—Finally, the question is raised, Whether serious organic visual troubles result from railway and other accidents in which the spine is injured, but not the eye directly?

Some of the foregoing queries have plainly a more scientific than practical interest. As to the first one, for example, that of the existence of a concussion of the spinal cord, pure and simple. We know that after violent blows or falls persons suffer from a temporary paraplegia. Whether this is due to a molecular disturbance of the tissue of the cord or to a spinal hemorrhage, the clinical facts are the same. But I believe that there is enough evidence to justify one in retaining the term "concussion of the cord," a term sanctioned by ancient authority and adopted by every surgical writer.

Turning now to a discussion of the more practical and important features in so-called spinal concussion. I would state that without doubt in the largest class of troubles resulting from accident and injury to the spine, the main source of the symptoms is a general functional nervous disturbance.

The fright, excitement, and more or less severe bodily injury produce often a profound shock. From this the nervous system gradually emerges into a state that may be broadly characterized as one of asthenia, morbid irritability, and defective inhibition. The patient then furnishes a clinical picture familiar to all.

Sleeplessness, irritability, states of depression, defective memory, inability to do mental or physical work, headache, tinnitus, nervousness, vaso-motor disturbances, excessive sweating, asthenopia, large pupils, spinal pain and tenderness, muscular weakness, tremor and twitchings, and irregular pulse, are the ordinary symptoms. Sometimes pronounced neuromimetic disorders develop. The patient shows the symptoms of so-called spinal anamia, or of spinal irritation, or he develops paralyses, hemianæsthesia, and various hysterical phenomena. In nearly all cases these symptoms are subjective. They correspond with those of neurasthenia, as described by Beard, Mitchell, Erb, Möbius, and Dowse, or with those of the convalescent stage of cerebral concussion, as described by Hutchinson; they are included under the neuromimetic disorders of Paget, and they have been aptly termed railway hysteria and hypochondriasis by Dr. Allen McLane Hamilton.

It is these cases which form the most puzzling problems for the physician, and which cause him the greatest trouble, perhaps bring him into greatest reproach before the court.

This is due partly to the incompletely developed views, to speak mildly, promulgated of late years regarding the nature of spinal injuries, and partly to the natural and inherent difficulties of the subject. As to the first point, the spinal column has been held up as the most delicate, responsive, and hyperæsthetic of all organs. It has been made the focus for every jar, bruise, or shock to centre upon the "concussion of the spine" has been the shibboleth of every frightened passenger and prosecuting attorney for twenty years. As Holmes once said regarding Bishop Berkeley and his belief in the universal efficacy of tar-water: "Berkeley believed that the whole material universe was nothing, and that tar-water was everything," so in a measure the spinal cord has been looked upon as everything-brain, muscle, ligament, and nerve as nothing.

Not long ago, through the kindnes of my friend, Dr. George E. Monroe, I was called to see three women who all had very nearly similar symptoms, viz.: mentally they

were profoundly emotional and hysterical, physically they were paraplegic, or nearly so, and suffered from sensitive spines. In two, the spinal pain and tenderness were so very marked that the diagnosis of spinal irritation was made; the third patient had what was termed spinal anæmia. This last patient only was in a railway collision, and received a slight jar, but no serious physical injury. The other two received severe blows on the head, causing concussion of the brain. Thus the fright of a collision in one case produced a similar state to that caused by the blows on the head in the other two. But only the patient who was in the railway accident was thought to have "concussion of the spine."

It may be laid down as absolutely established now, that railway accidents produce severe shocks to the nervous system which make persons neurasthenic or hysterical, oftener the former. This condition is a real pathological one, and the sufferers are unquestionably sometimes as much injured as if they had had a broken arm or leg, or an actual injury of the cord. The practical trouble is in determining how ill such people are, how much they are malingering, how much the prospect of heavy damages unconsciously or consciously affects their symptoms, how much predisposed to disease they were before the accident. For a road should not be called to account because it does not provide perfectly for the crippled, the paralytic, and the valetudinarian.

In illustration of these difficulties my learned friend Dr. Allan McLane Hamilton records, in his valuable work on "Medical Jurisprudence" the history of a patient of mine (whom he examined for a railroad company), and adds this terminal comment: "This man is an undoubted malingerer." In opposition to this view, I have for the three years since his accident thought him to have been made by it a nuisance to his family and a burden to himself on account of his change of disposition, lessened capacity to work, and sciatic pains. If ever I attain a position which will justify me in writing a medico-legal treatise, I shall re-

cord the same case and say that this man was undoubtedly a case of traumatic neurasthenia complicated with neuritis. But who is ever to decide whether my book will be right, or Dr. Hamilton's?

It will be seen that it is an important matter to understand and extend the means of diagnosing these conditions where nearly every symptom is subjective. Into the discussion of this I cannot enter, but would call attention to the occasional evidence of hemianæsthesia of the body and of the special senses as a sign of hysteria. Drs. G. L. Walton and J. J. Putnam have especially drawn attention to these signs, and to the occasional very great value of the tuning-fork, æsthesiometer, and visual tests.

The use of electricity in testing muscular and nerve irritability and degeneration when carefully applied is of the greatest value. At the last meeting of the American Neurological Association, I suggested that the test of diminished or increased electrical resistance in affected limbs might be of value in some cases. In one case in which I tried it, the alleged lame and injured limb showed slight diminished electrical irritability, and increased electrical resistance on two successive trials on different days.

The matter of prognosis, also, calls for more accurate determination. Mr. Page is inclined to take a rose-colored view of the prognosis in these cases. He thinks that a large majority recover, and that nearly all tend to recovery. He does not seem to have met cases like those of Buzzard, or where any organic disease finally set in, as in Edes' cases, Petit's, and my own. He never has met any serious results to vision, as have Wharton, Jones, and Erichsen.

His views are rather too hopeful, and decidedly are not always borne out by his own notes. "Patient improving at last accounts," is a formula given, but it may mean very

I Nearly twenty years ago, Dr. T. Buzzard (Lancet, 1865 and 1867, loc. cit.) investigated the after-histories of eight cases of cerebral and spinal concussion. Two to four years later, none were found well, and one had died of phthisis. The same author cites cases apparently showing that spinal concussion may develop pneumonia, phthisis, imbecility, convulsions, diabetes, aneurism. In his cases, however, there seems to have been an element of brain injury.

Moeli (Archiv, f. Psych.) relates the history of four cases of railway injury followed by mental disturbances.

little after all. Traumatic neurasthenia, or railway hysteria, is generally recovered from in a great measure. In my experience traumatic neurasthenia is the most amenable form to treatment. But it is very often the case that the man who has had a severe nervous shock is never entirely the same that he was before. This is particularly the case if he has reached middle life, or is of a neuropathic constitution. The very old and the very young seem to suffer less.²

The object of my paper has been to show:

- 1. That the term spinal concussion is a misleading and often incorrect one, and that the symptoms which are usually associated with that name are really symptoms of traumatic neurasthenia, hysteria, and hypochondriasis, associated, more or less, with symptoms of injury to the vertebral ligaments and muscles, and to the spinal nerves; that, in other words, spinal concussion is mental shock and physical bruising.
- 2. That this traumatic neurasthesia is in a measure a real disease, though it is very hard to say how much is real and how much the patient puts on.
- 3. That it may be, and often is, simulated, and that it requires the greatest care to detect skilled imposters.
- 4. That we need more objective tests for the purpose of determining the existence of these subjective neuroses.
- 5. That the prognosis of railway or traumatic neurasthesia and hysteria is very good so far as steady improvement is concerned, not so good as regards complete recovery.
- 6. That concussion of the spinal *cord* alone, followed by temporary loss of function, or by myelitis, does occur in rare instances.
- 7. That, in the predisposed at least, injuries and jars may set up chronic myelitis, without there being a lesion of the spinal column.
- 8. That Mr. Erichsen has in his book on "Spinal Concussion" erroneously attributed functional troubles to the result of organic spinal disease.

² It would be interesting to learn of the cures which railway and other accicents sometimes bring about. See H. Tuke's work on Body and Mind.

Note 3 see table, next page.

9. That Mr. Erichsen's book on "Spinal Concussion" has a strong tendency erroneously to attribute to a shaking of the spine and a supposed ensuing meningitis, symptoms really due to mental shock, peripheral injury, or malingering.

reany due to mental snock, peripheral injury, or maningering.			
Result.	nmediate paralysis or Death occurring soon. panesis of limbs and Slow improvement, with symptoms of severe spinal centres, ancesorganic disease. libesia: reflexes abolished.	Severe blow, True concussion of spine (very Temporary paresis or steady improvement and gradual recovery (the very rare): spin all contusion paralysis lasting one rule). (very rare): spin all contusion paralysis lasting one rule). (very rare): spin all contusion paralysis lasting one rule). (very rare): spin all contusion paralysis lasting one rule). (very rare): spin all contusion paralysis lasting one rule). (very rare): spin all contusion of compage (no 1 uncommon). (very rare): spin all contusion of compage (no 1 uncommon). (very rare): spin all recovery (the row in provement) improvement, symptoms of nervous symptoms of remarks the rare). (very rare): spin all recovery (the row in rare) improvement, symptoms of nervous symptoms of remarks the rare). (very rare): spin all recovery (the row in rare) improvement, symptoms of remarks the rare cases meningo-myelitis, insanity, epilepsy, inebriety, diabetes result.	Slight blow, More or less bruising, strain, Sometimes a temporary After a period of comparative health symptons of muscles and paralysis (physical); toms of chronic meningitis or of chronic ligaments: some injury of symptoms of general myelitis (tabes, lateral sclerosis) develop nerves. Concussion of brain: matic hysteria, or neurasthesia. pains, stiffness, im-Gradual improvement the rule, and perfect paired gait.
Symptoms.	nnmediate paralysis or Death occurring separesis of limbs and Slow improvements spinal centres, anaestorganic disease, thesia: reflexes abolished.	Femporary paresis or Steady in paralysis lasting one rule). recovery, spinal pains, parative symptoms of nervous symptoshock. Shock. In very representation of the rule rule rule.	Sometimes a temporary paralysis (physical): symptoms of general nervous shock or of concussion of brain: pains, stiffness, impaired gait.
Pathological change pro-	Severe b low, Fracture or dislocation of ver-Inmediate paralysis or Death occurring soon. fall, or shake. tebra: compression or erush paresis of limbs and Slow improvement, wo of cord; perhaps a hemorr-spinal centres, anaesoganic disease, hage in spinal cord or cathesia: reflexes abolinal.	True concussion of spine (very Trare): spin al contusion (very rare): spinal hemorphage (n of uncommon): With above are some injuries to ligaments and muscles, perhaps concealed fracture or dislocation: injury of nerves.	More or less bruising, strain, sor rupture of muscles and ligaments: some injury of nerves.
Nature of In- jury.	Severe blow, fall, or shake.	Severe blow, fall, or shake.	Slight blow, fall, or shake.

Charity Hospital Notes.

Clinical Report of a Femoral Aneurism.

The clinical history of this case is a chapter of disappointments and disasters, extending through a period of eight and a half months. The treatment exhausted most of the means usually employed in the cure of aneurism, and finally terminated unsuccessfully.

On November 20th, E. R. was admitted into the Charity Hospital, under the care of Prof. T. G. Richardson, M. D., by whom the treatment was directed, and with whose permission these notes are presented. The patient was a mulattress, of frail physique, aged forty-five years: a working woman of intemperate habits.

Previous History.—About the middle of August, 1883, while lifting a washer-woman's tub, she suddenly experienced pain in the right foot and leg. On the following morning the foot and the ankle were swollen. After the lapse of a week the limb became painful, and continued more or less so for one month. About this time, September 20th, patient discovered the "thumping" tumor, then about the size of a hen's egg, in the track of the femoral artery. The tumor grew gradually, impairing more and more the usefulness of the limb, and, by its pressure, causing severe pain, for which patient sought relief at the hospital.

Condition on Admission.—Patient thin in flesh, but apparently in good health; all the organs functioning well; pulse, 80. A tumor five inches long, four wide, of turtleshell shape, pulsating with thrill and bruit, spread out from the middle of Scarpa's triangle. Diagnosis—a femoral aneurism.

TREATMENT—On November 21st the limb was rolled in an Esmarch's bandage, so as to make direct as well as proximal compression. The pressure controlled the circulation of the limb, and arrested all pulsation in the tumor, for one hour and twenty minutes. By this first attempt the tumor was partially soldified, and the expansion notably diminished.

NOVEMBER 2.4.—The observations of to-day record the tumor again soft and elastic, pulsating, increasing in size, and inflicting more and more pain over the anterior femoral region.

November 28.—Patient was again anæsthetized and Esmarch's bandage reapplied, this time so as to envelope the limb and leave the aneurism exposed. All pulsation was entirely arrested, and the bandage allowed to remain two hours and a half. Again, only partial consolidation was the result, a pulsating point on top of the tumor remaining as before.

DECEMBER 16.—After several weeks of rest and recuperation, during which the aneurism gradually increased in size, digital compression was practiced by the resident staff of the hospital, for thirteen hours. Upon relaxing the pressure, the pulsation returned, with little, if any, abatement.

DECEMBER 22.—Digital compression was again instituted, and continued twenty-three and a half hours, again without any noticeable benefit.

December 27.—At the suggestion of Professor Richardson, the following procedure was adopted, as an improvement on the method of digital compression. The limb was encased in a plaster-of-Paris bandage, embracing also the waist. Two fenestræ were opened, one over the femoral artery, just below Poupart's ligament, the other exposing the aneurism. Through the femoral fenestra an elastic rubber compress was applied to the artery, and retained in position by a figure of eight bandage. The pressure, thus applied, controlled at will the pulsation of the aneurism. However, fear of the destruction of tissue, already inflamed by previous compressions, forbade long continuance of the pressure. Although, in this case, unavailing, this apparatus deserves a further and fairer trial.

JANUARY 19.—This morning patient describes "a sudden giving way." The aneurism is increasing in size, pulsates and thrills, and gives some evidence of becoming diffused.

At noon, Prof. Richardson ligated the external iliac artery. The pulsation of the aneurism ceased immediately. The limb was wrapped in flannels, and the patient sustained with morphia, quinia and nutritious diet. During the succeeding three days the temperature ranged from 100 to 104 Fah.: the pulse from 99 to 140. The patient,

at times, became very weak, restless and despondent: the tumor very firm and sensitive.

JANUARY 23.—The patient's general condition to-day is very much improved; temperature, normal: pulse, ninetysix. Feeble pulsation is again observed in the aneurism—now only four days since the ligation of the external iliac.

During the succeeding three weeks, the patient's general health continued to improve. The wound of the operation, which had suppurated very freely, granulated healthily. The pulsation of the aneurism increased with each day.

FEBRUARY 13.—The ligature was detached to-day, the twenty-fifth since the ligation; the aneurism pulsating and expanding.

FEBRUARY 25.—At midnight, thirty-seven days after the ligation, a copious secondary hemorrhage occurred at the seat of the iliac ligature. In this emergency, patient was attended by the House-Surgeon, Dr. A. B. Miles. When he came the hemorrhage had ceased, the student of the ward stood compressing the external iliac on the proximal side of the ligature, firm in the belief that he had controlled the bleeding. The arrest of hemorrhage was merely a coincidence, as often happens. An incision upon the external iliac, above the seat of ligature, revealed the vessel securely plugged. So; a ligature was placed upon the femoral, below Poupart's ligament. Instantly the pulsation in the aneurism ceased. At the same instant, the hemorrhage returned. Not until this moment, when hedged in by the two ligatures, was the common trunk of the epigastric and obturator artery suspected of doing all this mischief. In the development of the collateral circulation, this vessel had grown to the size of a posterior tibial. This anomalous origin of the obturator occurs once in about every four subjects. This vessel, then, was ligated very near its origin.

FEBRUARY 27.—Two days after the hemorrhage, the patient's condition was extremely critical. The circulation of the limb, however, was well preserved. During the subsequent two weeks, patient's general condition improved, and the aneurism gradually reduced in size. However, again a pulsating spot, about one inch in diameter, soft and elastic, appeared on top of the tumor.

On March 15, eighteen days after the second ligation, hemorrhage again occurred, now at the seat of the femoral ligature. The blood came evidently from the profunda.

Hemorrhage was arrested by a compress, after the loss of two ounces of blood.

On April 16, a little more than one month later, and fifty days after the ligation of the femoral, patient bled again, from the same point, losing about two ounces of blood. At midnight, there was still another hemorrhage, in which patient lost about one ounce. The vessel, from which the hemorrhage came, could be distinctly felt pulsating against

the distal side of the femoral ligature.

In a consultation, it was agreed to apply a graduated compress, and retain it in position with a bag of bird-shot. Under this pressure the beating of the artery, above mentioned, against the site of the ligature, gradually subsided. The secondary hemorrhages were thus finally controlled. The shot-bag and compress were retained in position for six weeks. In the meantime, the wound entirely healed, and the pulsation of the aneurism gradually and finally ceased.

MAY 17.—Patient allowed to sit up; the aneurism consi-

dered cured.

JULY 19.—Patient walks without assistance; the tumor

gradually diminishing in size.

August 14.—After a tedious convalescence, patient was discharged from the hospital to-day; her general health improving: the aneurism cured and gradually reducing in size.

SEPTEMBER 17.—Patient returned to the hospital for advice in regard to an abdominal hernia, which had recently appeared in the inguinal region, pushing its way through the weakened wall of the wounded side.

On November 29, a little more than one year since her admission into the hospital, patient stated that the tumor had

entirely dissappeared.

In a brief review of the course of treatment in this case, we find the following means employed. The Esmarch's bandage was twice applied to the limb, first over the aneurism as well, and retained for one hour and twenty minutes; again, so as to leave the aneurism exposed, and retained for two hours and a half. Digital compression was twice practiced, for thirteen hours at the first attempt, for twenty-three hours and a half the second time. A plaster-of-Paris cast was applied, with fenestra over the femoral artery, and proximal pressure excited by means of a rubber compress and figure of eight bandage. The external iliac was ligated, and thirty-seven days later, the femoral and common trunk of the epigastric and obturator. The patient had four secon-

dary hemorrhages. On the fourth day after ligation of the external iliac, and within two weeks after ligation of the femoral and the trunk of the epigastric and obturator, pulsation returned in the aneurism. The hemorrhages were finally controlled and the aneurism finally cured by a graduated shot-compress at the site of hemorrhage, retained in position by a little bag of bird-shot, which was also so placed as to make pressure on the proximal side of the aneurism,

It is but just to say that the success of this case is largely due to the care and intelligent attention of the students of the ward, Dr. Frank E. Artaud and Mr. E. P. Lowe.

The history of this aneurism and its treatment furnish an interesting study. During the early stages of treatment the repeated attempts at cure by proximal compression established a very liberal collateral circulation. This fact explains the remarkable return of pulsation in the aneurism, each time after ligation of the main vessel. This same fact, too, accounts for the repeated secondary hemorrhages. So freely were the collateral anostomoses established, that, at no time, did the circulation of the limb appear to be seriously impaired.

This case illustrates very forcibly the advantage of proximal compression in securing, in advance of the ligature, a liberal supply of blood to the parts beyond. It demonstrates equally plainly how this pressure, in the event of its failure to cure, prejudices the success of treatment by ligation, by favoring secondary hemorrhage, and establishing a collateral circulation, which may prevent the cure of the

aneurism.

Hospital Notes-Continued.-Reported by D. Jami-

son, M. D., Asst. House Surgeon:

Spinal Sclerosis.—J. T., American, aged 32 years: was admitted into Dr. Archinard's service October 29. He gives the following account of himself: He is a cook, a hard drinker, with a voracions venereal appetite; has had chan, croids, and suffered of gonorrhea twenty-five or thirty times. One week before admission, when getting out of bed in the morning, he noticed that his legs were weak-but supposed it to be weakness from diarrhea, which had lately afflicted him. The same day, he fell face forwards upon the street; and now he can scarcely walk without assistance. He is weak and emaciated, eats little, sleeps well, has a pain in the chest and coughs. His bodily functions are well performed.

No abnormal sensation in the head or spine. Intellection good; no trouble with vision or any of the special senses; no derangement of sensation. Has had occasional crampy sensations in the calves of his legs. The derangements of motion are that he stands with his feet separated, and when he closes his eyes he staggers, and he would fall if not supported; but if allowed to separate his feet, he does not stagger. He drags his feet when walking, and frequently falls when he is without his cane. No derangement of the muscular sense; no changes in the vascularity, secretion or nutrition of the paralyzed parts. He vomits often, taking food or medicine; has perfect control over the bladder. Total loss of Faradic excitability in muscles and nerves, both to the primary and secondary current of a Flemming's battery, No. 3—Faradic sensibility of the skin almost lost. The muscles answer feebly to galvanism (24 cells), but show no signs of degeneration. Nervous response weaker than muscular, and in some cases nil.

Greatest contraction with cathodal closure, the cathodal opening being almost absent. The anodal closure and opening are about equal (the closure, perhaps, slightly stronger), but are about equal to the cathodal clossure.

FORMULA OF NERVE ACTION:—Ca. C>. Ca. O., Ca. C.

=, An. O.=, An. C., all diminished.

MUSCULAR REACTION:—Ca. O«. much Ca. C=. An. O. =, An. C.

He died November 25th, from disease of the lungs. Necropsy, thirteen hours after death. The body is greatly emaciated, especially in the upper portions. Rigor mortis well marked: feet turned in; no bad sores. The lungs were full of cheesy deposit; the heart and blood vessels, normal. The liver large, fatty infiltrated: smooth capsules: intra-lobular veins, injected. Stomach, pancreas and spleen, healthy. The abdominal lymphatic glands are enlarged. Kidneys, congested, capsule free, cortical and parenchymatous relations correct. Bladder full of normal urine.

The consistency of the brain is normal; dura mater normal; arachnoid normal; excess of sub-arachnoid fluid. The vessels of pia mater are infected. Gray substances of the convolutions pale. In the anterior portion, the puncta vasculosa well marked. More fluid than normal in the cavities. The blood vessels going to the corpora striata, and to the parts forming the flow of the fourth ventricle are mark-

edly congested, also those of the choroid plexus. No deposit anywhere in the brain. The membranes of the spinal cord are normal. The cord cuts "hard." There is hardening of the anterior lateral columns (increase of fibrous tissue).

REMARKS.—This case was diagnosed "spinal softening;" but the death of the patient from an intercurrent disease afforded an opportunity for a post mortem, which disclosed the true nature of the changes taking place in the cord.

INTUSSUSCEPTION.

The comparative infrequency of invagination is our excuse for reporting this case. One-fourth of all the cases recorded occurred during the first year of life, and nearly half before seven years. One out of every three hundred deaths from all causes (Lichtenstern) is due to some form of intestinal obstruction. In Laparotomy for invagination,

out of fifty-eight cases recorded forty-three died.

Joe Cooper, colored, age thirty-one years, was admitted September 29, into ward No. 33. He appeared to be suffering from constipation, with some abdominal tenderness on pressure. Before he came to the hospital the pain was so great that he fell down in the street and had to be brought to the hospital in a wagon. He was given calomel and soda, large injections, and sulph. mor. (hypodermatically). For two days he seemed to be better, although he had not a satisfactory operation. October 2d he complained of great pain; Ol. Tig. and Ol. Ric., with morphine, were at once given. In two hours he vomited stercoraceous matter and immediately became very much worse. His condition is now so grave that an operation is judged useless. He died in a few hours. The post mortem confirmed the diagnosis. The portion of the intestine involved was the ileum, over three inches were invaginated, the upper gut slipping into the lower. There was extensive peritonitis.

Two Cases of Traumatic Abscess of the Liver.

An impromptu duel about a woman took place between two negro preachers. R. H. was stabbed in the right side, just over the liver. For four or five days he appeared to be doing well, when he developed peritonitis. In two weeks we considered him cured of the peritonitis and out of danger. On October 29th he began to hiccough, and although there was only a rise of two degrees in tempera-

ture, he became very weak and died November 20th. His symptoms were a deep-seated penetrating tumor in the liver; no abdominal tenderness; no pain, except on pressure. The abscess was not evacuated, because it was so deeply situated, and apparently no adhesions had taken place.

NECROPSY—There is all the evidence of diffuse peritonitis. The liver contains a large abscess, which is not nearly

so deeply seated as it appeared before death.

E. B., aged thirty-two, was admitted August 14th. One week before admission he was kicked in the right side, and the eighth rib fractured. His temperature was 100 Fah., respiration 96, tongue coated, no appetite, expression anxious, and complains of pain in the bowels. August 21st—He is much relieved. August 30th—He now has irregular paroxysms, marked by a sudden chill, followed by high fever: temperature 105 Fah., light tenderness over the liver, but no tumor can be detected. On September 5th the liver was carefully explored, but no pus was detected. The symptoms all point to septicaemia, and that diagnosis is accordingly recorded. The irregular paroxysms continued until September 14th, when he died. Every effort was made to relieve his condition. The liver was repeatedly explored, but no pus was ever found.

The liver is adherent to the diaphragm. A portion of the left lobe, six inches square, is elevated, indurated, and has undergone fatty degeneration. No pus in this mass. On section there is no abscess, but pus oozes from the gall ducts. The blood vessels are healthy and can be easily

separated from the substances of the liver.

Cocaine-Hydrochlorate.

THE NEW LOCAL ANÆSTHETIC. By Dr. Edward W. Jones.

Case 1st.—L. M., a Frenchman, had a senile (immature) cataract, Vision was such that he could count fingers at three inches. Three drops of a two per cent. solution of co-caine-hydrochlorate were instilled, followed by five drops more in three minutes. At the end of five minutes there was complete anæsthesia. The conjunctiva was seized with the fixation forceps without any expression of pain by patient. The incission was made with Graefe's knife. When the iridectomy was made, there was not the least pain whatsoever. The results have been very good.

Case 2d.—J. M., senile cataract: the results were the same as in the above-mentioned case, with the exception, that it took some twenty drops to produce anasthesia.

Case 3d.—S. A., workingman, had a small piece of emery in cornea; many attempts had been made to remove it, all of which failed. Eye very much irritated. Two drops of the two per cent. solution was used, which had to be repeated. Cornea was so anæsthetic that the piece of emery was removed without the patient feeling any pain at

all, and all irritation of eye disappeared.

Case 4th.—S. A., a negro woman, cook by occupation. Got some hot grease splashed in eye, suffering great pain. Palpebral and bulb conjunctiva very much injected, great photophobia and lachrymation. Four drops of the two per cent. solution were used. Pain began to diminish in one and a half minutes: two drops more were used, and at the end of five minutes all pain had ceased, and there was very little injection of conjunctiva. The next morning, there was still some little redness of conjunctiva, but no pain.

Case 5th.—D. S., male, age thirteen years. Has a foreign body deeply imbedded in cornea. Six drops of the solution was used, in two instillations, producing complete anæsthesia of cornea. Foreign body removed without pain.

Case 6th.—C B., age sixteen years, very nervous. Has a convergent squint. An instillation of five drops of the two per cent. solution was made, followed in three minutes by five drops more. Complete anaesthesia was produced. The operation for strabismus was then performed without the patient feeling any pain.

Case 7th —T. C., male, 25 years, has been quite deaf for some years past: can just hear watch on contact; both membranes very much thickened and indrawn. The membrane tympani was perforated in right ear, without the patient knowing that it had been touched. Twelve drops of a four per cent. solution was used in this case, and it was applied by means of a swab to the drum membrane. After the perforation was made there was a decided increase of hearing.

Case 8th.—M. W., male, aged two years. Was struck in the eye with a piece of bread; could not look at the light; seemed to be in great pain. Four drops of the two per cent. solution was used, which gave immediate relief.

Case 9th.—E. D., age 21, male (white). Has a case of plastic iritis; suffers great pain at night. Two drops were instilled of the two per cent. solution, which gives great relief. Repeated again at the end of eight minutes—

relief still continues. This was kept up for several hours, but if there was an intermission of an hour without the drops the pain would return. Atropia was then used with the solution of cocaine (two per cent.), which kept the

pain from returning.

Case 10th.—G. F., age four years, female. Had a very bad case of ulcerated pharyngitis, combined with a middle ear inflammation. Patient could swallow with great difficulty; complained of much pain in throat. An application of a four per cent. solution was brushed over pharynx, which gave almost instant relief. Tonsils were much enlarged when the application was made. The next morning they had diminished to an almost normal size.

Dr. Samuel Merrifield Bemiss.



BIOGRAPHICAL SKETCH.

Few, perhaps none, save those who have trod the arduous paths of the profession can picture to themselves the array of attributes, physical, mental, and moral, the host of minor graces of manner and person, essential to the making of a truly great physician. His constitution needs must be of the hardiest to withstand the constant shock of wind and weather, the wearing loss of sleep and rest, the ever gathering load of care, the insidious approach of every form of fell disease to which his daily round of duties momently expose him. Free and broad should be his mind to seek in all departments of human knowledge some truth to guide his hand; keen and delicate the well trained sense to draw from nature her most treasured secrets, and unlock the gates where ignorance and doubt have stood sentinel for ages. How fine his fibre who hears the querulous murmur of the sick man only to soothe the fretful brain with loving kindness, to meet impatience with cheerful patience, and bring back the troubled heart to peace by tender sympathy. Far more than all, how greatly clothed with moral strength must be the man who would involve himself in all the woeful secrets of humanity, and cross the paths of slander

and reproach with soul unspotted. With what great purpose must be move, when in the hour that pestilence and death brood everywhere he leaves his vantage and goes down, not to the heroic plain where watchful eyes, and martial pomp, and fame's loud trumpet make danger glorious, but to the hidden lair in which the unseen foe lies crouched for mortal strife.

In the December number of this Journal we recorded with pain the death of Dr. S. M. Bemiss, but the notice then published is far too slight a tribute to the memory of one so greatly respected and beloved in this community, and who in his own person so closely approached the ideal we have attempted to sketch in the above paragraph.

Dr. Samuel Merrifield Bemiss came of a sturdy stock. His Welsh forebears settled at Worthington, Mass., during the eighteenth century, and his grandfather, James Bemiss, was one of the early volunteers of the revolutionary war. Severely wounded at the battle of Bennington, James Bemiss returned home, broken in health and wellnigh bankrupt in fortune. Owing to these circumstances we find John, the third son, and the father of the subject of the present sketch, early thrown upon his own resources, and gaining by manual labour the means of obtaining that knowledge of which even at an early age he was greatly enamoured. Pursuing his end with never-relaxed effort, with undaunted determination; scorning all pastimes, and devoting every spare moment to his beloved books; so soon as he was able he embraced the study of medicine, and, in 1801, entered upon the practice of the profession. A few months later he removed to Kentucky and settled at Bloomfield, Nelson County, then called Middleburg. In 1796, he had married Miss Elizabeth Bloomer, of New York, and of this union Dr. Samuel Merrifield Bemiss was the seventh son. After having become the most celebrated physician of his whole district, Dr. Bemiss, at the age of forty-four, withdrew from the profession, and took up the study of theology. About 1830, he was ordained a minister of the Presbyterian Church, a position which he continued to fill with marked distinction until his death, of apoplexy, in 1851.

In glancing over this outline of the remarkable father we catch many features of the distinguished son. The great capacity for work, rendering possible the accumulation of large stores of knowledge, the sturdy independence, the frank, genial disposition, acquired, doubtless, by inheritance, precept, and example, were all his.

Born October 15th, 1821, at Bloomfield, Kentucky, a thinly settled country of hill and plain, forest and stream, with a cool and bracing climate, young Bemiss' early life was spent in the open air, in every variety of manly sport; thus laying the foundation of his magnificent physique, for, to the very last, his commanding height, his ample shoulders, and deep chest gave evidence of unabated vigour, and made his a notable presence in any assemblage. Dr. Bemiss' early education was carefully conducted by his father and private tutors until the age of eighteen, when he determined to study medicine, entering for that purpose the office of his brother-in-law, Dr. Samuel Merrifield, of Bloomfield. Here he remained until 1841, when he went to New York and became the first matriculate of the University of New York. Having returned to Bloomfield in the following year to continue his studies under his father and brother-in-law, we find him at the bedside of his first case in August, 1842. Thus his remarkably active life as a practitioner of medicine extended over more than forty years.

In the fall of 1844 he went back to New York, where, in the following spring, he received his diploma, and degree *Medicinæ Doctor* from the University. To this careful and protracted course of study, and his own remarkable memory, was probably due that exact and minute knowledge of the details of many branches forgotten by

most students in three years after they have risen from the benches.

Returning to Bloomfield, Dr. Bemiss at once became associated in an active practice with Dr. Merrifield, his former preceptor. This connection lasted until 1850, when another was formed with Dr. Joshua Gore. This was a period of his life of which Dr. Bemiss often spoke with great pleasure. He was full of anecdote illustrative of the old-time life in Kentucky, and, as he spoke, enlivening the story with many touches of hearty humour, men and manners rose clearly before the listener. It was during this time, probably, that he acquired his strong love of nature. The long, solitary rides over plain and mountain, by day and night, imbued the young man with a deep sense of the beautiful which lasted a life-time. When we knew him, in his latter years, he would, although a man of active habits, sit long watching the changing colours of the sunset, or the great, rolling, white clouds, which, as they drifted across the Italian blue of our summer sky, would take a thousand fantastic forms. How gladly, when a holiday broke in on his useful, busy life, would he leave behind the hot, dusty, ugly town, and with a few members of his family, taking boat, sail the bright waters of Lake Pontchartrain, or thread the broad, untravelled mazes of her tributary bayous.

In 1853, the Doctor moved to Louisville, and joined practice with Dr. Benjamin Wible, a companionship only broken by the departure of the other for the Confederate army in 1862. Meanwhile, Dr. Bemiss had been appointed by the State, Registrar of Kentucky, in 1849; in 1858, Professor of Clinical Medicine; then, in 1859, Professor of Hygiene and Medical Jurisprudence, and finally, in 1861, Professor of Therapeutics and Materia Medica in the University of Louisville. In the latter year Kentucky had declared an armed neutrality, and many of her citizens

were joining the ranks of either army. After some months of mature deliberation, Dr. Bemiss became convinced that his opinions and sympathies were with the Southern cause, and at once offered his services to the Confederacy. He became Acting Surgeon of the Provisional Army, at Tunnel Hill, Georgia, where he saw his first hospital work.

His value was soon recognized by the authorities, and, in 1862, he received his commission as full surgeon, and was assigned to duty on the Medical Examining Board, in session at Hamilton's Crossing, Virginia. It was during this period that Dr. Bemiss met and rendered some medical service to Gen. R. E. Lee, a circumstance which he was wont to allude with pleasure. There is now in the possession of the family a letter in which our great General thanks the doctor in warm terms for his attention and kindness.

In April, 1863, he was ordered to take charge of the hospital at Cherokee Springs, Georgia, where he remained until after the battle of Chicamauga, when he was transferred to Newnan. December 1st, 1863, he was appointed Assistant Medical Director of Hospitals, to S H. Stout, Medical Director of the Army of Tennessee, and, in 1864, Medical Director of Hospitals in the rear of the Army of Tennessee. At the latter post he remained until General Lee's surrender at Appomattox Court House, April, 1865.

Dr. Bemiss now returned to Louisville; was at once elected Professor of Physiology and Pathology in the University, and entered upon a large and renumerative practice. In the spring of 1866, however, he accepted a call to the chair of Theory and Practice of Medicine, and Clinical Medicine in the University of Louisiana. His departure from Louisville was made the occasion of a complimentary banquet, whereat the regrets with which the profession of Louisville resigned him to his new field was expressed in the warmest and most emphatic terms. Dr.

Bemiss now sailed for Europe, where he spent the summer in travelling, and in visiting the hospitals of Great Britain and France.

In the Fall he returned to New Orleans and entered upon his new position, the duties of which he continued to discharge without interruption, and with great satisfaction to his colleagues and students up to the day of his death.

It was our privilege to sit beneath his voice for two years. Professor Bemiss' style in lecturing was marked by simplicity and force. His delivery, slow and emphatic. Few of his students will ever forget the impressive fore-finger, lifted to work some especially nice point of diagnosis, or treatment. In opinion he was conservative and judicial. He was careful in directing attention to the relations between symptoms and pathology, and he loved to point out the value of simple remedies, things within the reach of all, even in great emergencies. As a clinical teacher Professor Bemiss was most painstaking. Ever punctual in his wards he would pass from bed to bed, patiently demonstrating each case, and pointing out the appropiate remedies and their rationale.

It was his custom to make each student practice day after day the arts of ausculation and percussion; each day a number of the class would be called upon to examine, diagnosticate, and prescribe for some new case, a bit of good-humoured raillery being the penalty of too glaring a mistake. In these exercises the Doctor was at especial pains to encourage a feeling of self-reliance in his students. Turning to a member of his class he would invite him to listen to a beautiful example of such and such a sound (in a perfectly normal lung), and was always delighted when the student frankly declared his inability to hear it.

In 1878, Dr. Bemiss was named as chairman of the commission appointed to investigate the origin and spread of the great yellow-fever epidemic of that year. He threw

himself into the work with all his heart, and in conjunction with Dr. Jerome Cochran did most of the practical work. A large number of infected towns were visited, and a report presented at the meeting of the Public Health Association at Richmond, in November of this year. In the following December, the commission was merged into a Board of Experts with Dr. Ino. M. Woodworth, Supervising Surgeon-General of the Marine Hospital Service, as President. Many more localities were now visited, and the final report of the Board made January 29th, 1879. In March of the same year, the National Board of Health was instituted, and Dr. Bemiss was made a member, and also Chairman of the Committee on Epidemics. Of the difficulties and anxieties into which this position plunged him, and of the manly way in which he met them all, we will not speak. The facts are sufficiently fresh in the minds of all. Enough to say that never for a single instant did Dr. Bemiss forfeit the respect of his enemies or the admiration of his friends.

Having been long a contributor to various medical periodicals, and having been ever interested in medical journalism, Dr. Bemiss, in 1868, became Senior Editor of this Journal, a position which he continued to hold until 1883. Most gratefully do we acknowledge the debt we owe him. He became the Nestor of Medical Journalism in the far South, and for many years the pen scarce quitted his fingers. He wrote fluently, his tenacious memory supplying him with citations from numberless authorities; for he never forgot the volume, and rarely the page that held the subject to which he wished to refer. His style, familiar to most of our readers, was peculiar for clearness and force, while one easily discovers in his writings a thorough knowledge of the Bible and of what George Eliot calls "epoch-making books."

Besides his many valuable contributions to the pages of this Journal, and his writings embodied in the Reports of the National Board of Health, the best known of his papers are "Essay on Croup," Louisville Review, 1856, and "Report on the Influence of Marriages of Consanguinity upon Offspring," Transactions of American Medical Association, 1858, a paper which won for its author great praise.

Dr. Bemiss was a member of the American Medical Association; of the College of Physicians and Surgeons, of Louisville; of the Kentucky State Medical Society; of the Boston Gynæcological Society; of the State Medical Association of Louisiana.

The strange circumstances attending Dr. Bemiss' death have been already noticed in the December number of this Journal. He died suddenly, of apoplexy, on the 17th of November last.

Our labour of love is ended. To any critic we have but to say: This man was our friend, faithful and just. He has stood by our bedside, in the hour of pain and weakness, and brought strength and comfort. We have partaken of his bounty. We knew no ill of him. This was the man as he appeared to us. Sound of brain and body, doing a man's work in the world. Large of heart and free of hand; comforting the afflicted; laying not up treasure for himself, but giving freely, secretly, to all those he knew in sickness and in want, and he knew many.

Thus he went down to the grave, loved and lamented, leaving to his children the peerless legacy of an unspotted name.

Dr. F. A. Burrall, of New York, in the New York Medical Record, says that salt and water will readily cleanse the cups of the Gaiffé battery after they have been used. He adds, "those who use this convenient faradizer will, I think, appreciate the benefit of this information."

ABSTRACTS, EXTRACTS AND ANNOTATIONS.

MEDICINE.

PISCIDIA ERYTHRINA.

DR. FRONMULLER.

The piscidia erythrina (Jacq.) is obtained from the Leguminosæ growing in the Antilles; it had obtained its name from the stupefying action it has upon fishes. The aborigines use an infusion of the bark of the root to catch fish.

Nagle found in it an alkaloid, piscidin, C29H24O8, easily

soluble in alcohol and ether.

This drug was formerly used, and is still used successfully in America as a so-called fluid extract, for mental disorders, uterine colic, painful micturition, cramps, and asthma.—Private Docent Dr. Otto Seiffert, of Würzburg, communicated his observations upon this drug to the Berl. klin. Wochenschr., No. 29 1883.

It did service as extractum piscidiæ, in doses of four to eight grains, in the violent cough of consumptives without

disagreable after-effects.

Cremer's formula for the preparation of this extract is as follows:

R—Cort. Rad. Piscidiæ 100.0 (3¼ oz.) digere cum spir. dilut. 100.0 (3¼ fl. oz.) per dies octo, exprime et filtra ad consist. extr. sicci red.

The extract so prepared is a dry, powdery mass, with a

slightly bitter, not disagreable taste.

in pills of one grain, and in the evening sometimes two or four were given at a dose, sometimes given through the night. In twenty-five patients, who suffered from insomnia, nine complete cures were obtained.—To these cases of complete cure belong those in which the patient, in one-half to three-quarter hour after taking the medicine, fell into a quiet sleep which lasted throughout the night; and afterwards showed no trace of intoxication, deafness, vertigo, headache, constipation, etc. In some patients, the well-known effects of narcotics appeared, and in two cases there was vomiting. In brief, Frommüller cites six cases in which the hypnotic effect appeared strikingly.

2. Experiments with the fluid extract.—F. used this sixty-eight times. It was administered in drops; seventy-five drops seemed to be the proper dose for producing sleep. Strong persons can bear as much as two hundred drops.

Piscidia acts much more mildly than opium, produces no dangerous narcosis, does not constipate, does not cause itching, is without influence upon the pulse, temperature, secretion of urine or sweat. Twenty parts of the fluid ex-

tract correspond to one part of the solid.

The piscidia-root contains a glucoside and a resinoid, with which F. has also made experiments. F.'s experiments, however, do not exclude the possibility of deep intoxication by the drug.—Deutsche Medizinal-Zeitung.

In asthma, phthisis, pulmonary congestion, chronic bronchitis, Boulanger recommends the following:

S. Tablespoonful morning and evening.

In violent attacks of coughing, Trastour has successfully employed inhalations of glycerine spray.

In a case of obstinate icterus, with distension of the gall bladder, the icterus and distension disappeared under faradization of the gall bladder.

Desprez recommends for cholera in the stadium algidum the following remedy, which has been found efficient in the epidemic in Syria in 1875, in French India in 1876, and in Cochin China in 1882. It consists of:

R	Chloroform	M. xv.
,	Spir. Vini. Rectif	5ii.
	Ammon. Acet	
	Aquæ Dest	
	Syr. Morphiæ	

S. Tablespoonful every half hour.

HYDRASTIS CANADENSIS IN GYNÆCOLOGICAL PRACTICE. DR. EDGAR KURZ.

A year ago, at the Congress of Naturalists (Naturforscher), held in Freiburg, Schatz extolled the fluid extract of hydrastis canadensis in the treatment of gynæcological affections, especially in anomalies of menstruation and hæmorrhages. The experiments of Kurz relate to only seven cases, but they inspire so much confidence, that he cannot forbear recommending this drug especially in private practice.—The preparation of Parke, Davis & Co. was used.

Schatz says that the drug appears to act upon the mucous membranes through irritation of the vessels; in the female genital organs, it seems to diminish the flow of blood to the mucous membranes, and to act especially upon the latter.

Kurz's seven cases were, in brief, as follows:

- 1. A girl of 15; profuse menstruation, six or seven days. Local examination impossible. Ext. hydrast. twenty drops three times a day, beginning fourteen days before the menstrual epoch, shortened the duration and lessened the quantity of the flow. Period finally reduced to three days
- 2. Light metritis and öophoritis; menses too soon, lasting five days; bleeding severe. Under hydrastis treatment the normal monthly type appeared with moderate hæmorrhage.
- 3. Intramural fibroid, metrorrhagia at irregular intervals. Under hydrastis, the flow appeared every three weeks, then monthly, with a moderate loss of blood. The tumor did not diminish in size.
- 4. Abortion, with defective involution of the uterus. Every three weeks, violent menorrhagia. Under hydrastis, the menstruation improved, with moderate hæmorrhages, and, finally, normal.
- 5. Chronic öophoritis, with hæmorrhages recurring every 8 to 14 days. Under hydrastis the type became more regular, occurring every three weeks.
- 6. Descent and retroflexion of the uterus, which could be easily brought to an anteflexion; premature, copious menstruation and hystero-epilepsy. Hydrastis, fifteen drops three times daily, beginning fourteen days before the appearance of the flow. The period soon came at the right time, but every time accompanied with a hystero-epileptic attack, which, later on, disappeared under the use of a Hodge-pessary.
- 7. Chronic metritis and endometritis, with profuse menstruation, lasting ten days. Prolonged use of hydrastis diminished the bleeding to four days; the flow decreased, also.—Deutsche Medizinal-Zeitung.

CURE FOR HYDROPHOBIA.

[GINGEOL, in Art Medical.]

Gingeol, in a communication to the Paris Academy of Medicine, draws the following conclusions: 1, Clinical experiment is still necessary to confirm the utility claimed in Tonquin for "hoang-nan" in hydrophobia; 2, the Oriental practice of administration by the mouth must be rejected on account of the dysphagia and subsequent vomiting; 3, the best mode of administration seems to be by the hypodermic injection of ten per cent. aqueous solution of alcoholic, or aceto-alcoholic extract of hoang-nan, each cubic centimeter of the solution probably being equivalent to three pills, such as are used in Tonkin; 4, the injections should be repeated at short intervals; 5, the dose must vary according to the symptoms, but the drug must be suspended when symptoms of intoxication appear. False angostura has a composition identical with that of hoang-nan, in regard to analysis and vegetable structure.— Gazetta Medica di Torino.

De Lavra (El Siglo Medico) gave extract of gelseminum in a case of refractory sciatica in a woman eight months pregnant. He gave three doses of one grain each. The cure was rapid and permanent.—Gazetta Medica di Torino.

SALICYLATE OF SODA IN NEURALGIA.

[LABBE.]

L. states that he has had favorable results with salicylate of soda in cases of sciatic and supra-orbital neuralgia, where quinine had failed. L. prescribes 5ii of salycilate of soda in the first two days; 3i on the third day, before eating, with a little Vichy.— Gazetta Medica di Torino.

METHOD OF AVOIDING THE AUDITORY DISTURBANCES FOL-LOWING QUININE AND SALICYLATE OF SODA.

(SCHILLING.)

It is conceded that these disturbances are caused by a vaso-paralytic hyperæmia. Acting upon this view, S. sought to prevent the vascular paralysis by adding ergot to the drugs. Of eighty-seven patients, to whom ergot was administered in combination with the quinine, three-fourths

did not suffer from the aural murmur.—Gazetta Medica di Torino.

METHODS OF CONCEALING THE ODOR OF IODOFORM.

(CALMETTES.)

Paletzer places a Tonka bean in the iodoform jar; it contains cumarine, which emits a very agreeable odor. Turquety adds vanilla and lavender. The mixture has a pleasant smell, and the iodoform loses none of its proprieties.—Gazetta Medica di Torino.

HERPES TONSURANS CURED WITH SALICYLATE OF SODA.

(RABITSCH).

In one case, R. penciled for three days the diseased parts with ten per cent. alcoholic solution of the salicylate. Patches of eczema marginatum disappeared that had endured for twenty years. In anothor patient, aged sixty, patches of herpes tonsurans existed upon the forehead, on the head as far back as the crown, on the ears, and on the back of the neck. Upon the back, thighs, calves, and the joints of the arm and hand, were found patches varying in size from that of a two-franc piece to that of a five-franc piece, and which were obviously patches of herpes tonsurans. R. ordered upon the scalp lotions of glycerine, after which the head and body are washed in a soapy bath; then the salicylate of soda solution is applied. During the treatment fresh patches appeared. Nevertheless, cure took place in fifteen days, and no relapse has taken place since. R. has also recently employed with success salicylic acid in two cases of pityriasis versicolor. He first caused the diseased parts to be bathed with an alcholate of the saponified potassa of Hebra (green soap 2, alcohol 1); then for three days to be sponged with a ten per cent. alcoholic solution of salicylic acid. In a few days, the cure was complete. - Gazetta Medica di Torino.

TREATMENT OF INFECTIOUS DISEASES WITH INTRAVENOUS INJECTIONS OF IODINE.

DR. VON DER HEYDEN, BATAVIA.

In a large number of infectious diseases, we are now in a position to demonstrate the producing cause of the disease

in the form of bacteria, and to cultivate them; some of them remain for a long time, first in the tissues, whence they wander into the blood, while others, immmediately after their emigration, spread throughout the vascular system. We must, then, introduce the remedy directly into the blood, or else place them where they will most easily reach the points where the bacteria are amassed. As the latter proceeding is in many cases impracticable, the former will attain the desired object the more quickly. Not all germicides, however, can be introduced directly into the blood, e.g., corrosive sublimate; but chlorine, bromine and iodine hinder the development of the bacteria, when they are used in the strength of one to five thousand of blood. If it be assumed that the blood forms the thirteenth of the bodily weight, then 66 mgrm. of iodine would be directly introduced into the blood; and, according to the experiments of Von Heyden upon Javanese, the amount can be raised to three-fourths gramme.

A solution of iodine was injected into the veins in gastric fever, typhoid fever, etc., in which diseases the temperature had attained a height of 38', 40 C. (100 2-5', 104 Fah.); twenty-four hours after the injection the temperature fell, and did not rise again. In two cases of incipient cholera, iodine injections were used with a favorable result: but in the latter stages (algid) iodine injections are powerless. Also, direct injections into the bowels, through the abdominal wall, were without effect; injections of atropia only hastened collapse. In three cases of lepra, after repeated injections, a favorable effect was evident; and, indeed, in one of them, such a marked improvement took place that the patient could no longer be recognized. In lymphoma, an improvement took place; in sarcoma, the tumor decreased to one-third of its original size. In several cases of murrain Heyden has employed the method of direct or intravenous injections of iodine. On account of the difficulties of the operation of injection only five cases were treated faultlessly, and all these cases ended in a few days with cure.

The solution for injection consisted of one part of iodine, two of iodide of sodium, and seven of water; ten grammes of the solution were used at each injection. Iodide of potassium is not used, on account of its depressing effect upon the heart. The liquid was injected into the median vein.—Deutsche Medizinal-Zeitung.

TETANUS FROM HYPODERMIC TRAUMATISM.

DR. ANTONIO BORTOLAZZI.

B. has made about a thousand subcutaneous injections of quinia in his practice in a malarious neighborhood, between 1878 and 1880. Twice he has observed fatal cases tetanus follow such injections. The first case was a woman suffering from severe pleuro-pneumonia, and at the same time, showing signs of malarial cachexia. In two days, she received two injections, the first into the arm, and the second into the thigh; each injection contained two grammes of water, 0.30 of bisulphate of quinia, and 0.01 of muriate of morphia. A small abscess formed in the thigh, and in five days the tetanic phenomena set in. In the second case, the tetanus followed a subcutaneous injection of quinia, which was made at the urgent request of the patient, who was a hysteric-epileptic, suffering from an attack of malarial fever. Both cases occurred within a short period in Spring, at a time, in which B. had treated many rheumatic affections, but no case of rheumatic tetanus. In these special atmospheric conditions and the above-mentioned neuropathic character of the patient, B. discovers the predisposing causes for the outbreak of the tetanus after the irritation produced by the injection of the quinia.

HOW TO GIVE SANTONINE.

Kuechenmeister (*Revue de Science Medicale*: Weekly Medical Review) has shown that lumbricoid worms live in a mixture of albumen, santonine and water. In an oily mixture, of santonine they die in a few minutes. The drug should therefore not be administered in troches or powder, since under such surroundings it is for the most part absorbed by the stomach. The only rational preparation is an oily mixture, which is slowly absorbed by the intestines. Given with ol. ricini it destroys the worms rapidly, and is neither poisonous nor disagreeable to the patient. An emulsion of castor-oil would seem to be the most perfect medium for its effective and agreable exhibition.

It is asserted positively that Mr. Pasteur will soon leave Paris to investigate yellow fever in Rio de Janeiro, Brazil, in which case it is hoped that his researches will be productive of much good and satisfaction.

SURGERY.

STRETCHING THE INTERCOSTAL NERVES.

DR. L. VON LESSER.

The operation was performed about the end of October, 1883, upon a woman of sixty-one years, on account of severe bi-lateral intercostal neuralgia. The pain had lasted for seven years, and all remedies had failed. On the right side (the worst) seven intercostal nerves were stretched: the wounds healed well. No paroxysms of pain occurred afterward; only now and then light, drawing, pulling sensations on the right side, and a feeling of constriction at the lowest intercostal nerves on the same side. The patient was discharged on the eleventh day, and died in her house on January 15, 1884. It could not be ascertained if the pains had returned. The interest of this case, outside the unprecedented stretching of so large a number of intercostal nerves and the cure, lies in the advanced age of the patient, in the bi-lateral nature of the affection, the simultaneous presence of a bi-lateral mastodynia, and, above all, in the appearance of a secretion of milk at the conclusion of an intercostal neuralgia, and the plainly perceptible influence of the neuralgic attacks upon the secretion.— Deutsche Medizinal-Zeitung.

In connection with the case just reported the following

note is interesting:

Bartlett cites the case of a woman of sixty-one years, who, eighteen years after the birth of her last child nursed her grandchild. In regard to the influence of mastodynia upon lactation, Schultze noticed a non-pregnant woman of twenty-six years still giving milk three years after the birth of her last child. Beigel observed copious galactorrhoa of two years standing, appearing with neuralgic pains, in a maiden of nineteen years, who had never been pregnant, but whose menses had stopped for four months.

A NELATON'S CATHETER IN THE BLADDER.

DR. A. VON FILLENBAUM.

The patient was a tabetic man, 54 years old, who had often catheterized himself After a catheterization, one night, the catheter slipped in : upon awaking, he missed the instrument, and he could not say whether he had taken it out, or if it had slipped into the bladder. The patient was carried to the hospital. Examination gave no result; but the cystoscope, Nitzedeiter's apparatus, clearly showed the catheter lying in the distended bladder. The extraction (by means of a small lithotriptor) was performed without difficulty.—Deutsche Medizinal-Zeitung.

SUDDEN DEATH AFTER INJECTION OF LUGOL'S SOLUTION IN SPINA BIFIDA.

DR. WOLTERING.

In a little girl with spina bifida, W. made simple puncture on the fourth day after birth. Afterwards, he applied compression with adhesive plaster, covered with a sheet of lead, which was well borne, and the disease was kept within bounds for four months. The opening in the vertebral column could be felt as a narrow fissure, into which the end of the little finger could be inserted. When the child was six months old, W. saw it again. The parents had stopped the compression, because it was too troublesome, and the swelling had increased to the size of a goose's egg.

At end of May 1884, W made the puncture with antiseptic precautions, but without chloroform. About two tablespoonfuls of cerebro-spinal fluid escaped. W. injected about a tablespooful of the following: Ry, Iodinii 0.5 (7½ grains), Potassii Iodidi 1.5 (22 grs.), Aquæ dest. 30.0 (one ounce). While the sac was refilled, the child suddenly became still; the breathing ceased, but the heart continued to beat. The mother thought that the child was going to laugh. W. made artificial respiration, pressed out the Lugol's solution, put the child in a warm bath, applied cold douches, but all in vain. Artificial respiration, continued for half an hour, brought a fleeting color to the livid lips, but could not make the lungs resume their function, and after thirty minutes the heart ceased to beat.—Deutsche Medizinal-Zeitung.

A NEW METHOD OF TREATING SPRAINS.

Dr. Thomas L. Shearer, of Baltimore, reports in the London Lancet several cases of sprains of the ankle-joint treated by enveloping the joint in soft clay, such as used for bricks, and covering with a rubber roller, applied just tightly enough to hold the clay in position and retain the moisture. Cases thus treated he found were able to get about much sooner than those otherwise treated.

BILLROTH ON THE ANTISEPTICS.

Billroth, (Louisville, Med. News), still holds to carbolic acid as the antiseptic fluid which in his hands seems most serviceable. However, he has abandoned the stronger solutions, and now uses it only in the strength of 2½ per cent. He has recently heard of some eighty successful ovariotomies, done by certain English surgeons, who employed nothing but clean water for the irrigation of the wounds. Taking note of this fact, he announces that he shall soon try a I per cent. solution, which, if favorable results are obtained, shall be reduced to half per cent., and so hopes to become a plain cold-water man at last.

The conclusions of the great continental surgeon may be

summed up as follows:

1. Iodoform is the safest and most effective of all man-

ageable antiseptics.

2. Moss, wood-wool, and turf-mould (oakum should be included) are useful when there are discharges from the wound.

3. Corrosive sublimate in dilute solution is practically inert as an antiseptic to wounds, and renders the patient and surgeon alike liable to mercurial poisoning.

4. Carbolic acid, which is known to be dangerous in strong solutions, is, in very weak ones, as good for wound-

irrigation as clean water, but probably no better.

This, barring the iodoform, which is not applicable in all cases, looks much like a return to cleanliness and pre-

antiseptic surgery.

Of course, Billroth had not at this time heard of Sir Joseph Lister's recent discovery of the sero-sublimate: but since this, by insuring the prompt absorption of the mercury, will probably render it all the more dangerous to the surgeon and nurses, and possibly fatal alike to the patient and his microbes, the situation is one from which Sir Joseph and his disciples can draw but little consolation. Fortune seems just now to be smiling upon the wily bacterium, and it is not out of the range of possibility that he may yet get the laugh upon his germicidal foes.

TREATMENT OF OTORRHŒA.

In the treatment of otorrhoan Buckner recommends corrosive sublimate as being of great value. It is best employed as an instillation in alcoholic solution (1-1½ grs. to 3ii). The toxic effect following the escape of fluid into the throat is not agreeable.—Deutsche Medizinal Zeitung.

A WORD AGAINST BICYCLE RIDING.

The November Lancet contains a letter from Dr. Esraham, offering some interesting suggestions. Saying nothing of nervous disorders that may arise from jarring of the spinal cord, it is claimed that the pressure exerted on the perineum directly affects the prostate and muscles of the bulb, and indirectly the whole generative system. The prostate becomes irritable, and the muscles of the bulb atrophy. It is said that among Tartars, and certain riding tribes of Indians, impotence at an early age is not uncommon, from prolonged pressure of the saddle. It remains to be seen what bicyle-riding will do for the present generation of boys.

SULPHIDE OF CALCIUM IN SCABIES.

The following prescription is reccommended in the British Medical Journal in the treatment of scabies:

Boil and stir until thoroughly incorporated. Cool, decant in bottles and hermetically seal. After a bath, the patient is painted with the solution, and put in bed in flannels, or a blanket. A second bath is said generally to cure the patient.

GYNECOLOGY AND OBSTETRICS.

CAUSES OF SUDDEN DEATH IN LABOR, OR CHILDBED.

Dr. W. F. Lusk, in a paper "On Sudden Death in Labor, or Childbed," read before the American Medical Association last May, (Journal Am. Med. Ass'n, October 18th), gives a graphic account of a case of sudden death occurring in his obstetrical practice and then proceeds to discuss the subject in general. He gives three causes for sudden deaths at this period, viz.: a, The entrance of air into the circulation; b, Thrombosis and embolism, and, c, Nerve exhaustion and shock. A. The entrance of air into the circulation is rendered possible by the presence of open sinuses, or of sinuses closed by soft, easily detached thrombi. These conditions are always present previous to delivery, in the case of partial separation of the placenta and in the puerperal state, especially in the latter, where, owing

to debility, or undue prolongation of labor, the expulsion of the ovum has been followed by imperfect retraction. He mentions the use of the syphon syringe as dangerous, being liable to force air into the uterus, and counsels the employment of the continuous stream furnished by

a vessel placed at a height above the patient.

In childbirth the sudden rupture of the membranes which have previously distended the vagina, or the rapid extraction of the child, may permit the ingress of air into the uterine cavity itself, and, though this may do no harm, still there are recorded cases in which the occurrence has been followed by almost instant death. After illustrating this with two cases, he adds the following extract from the history of a case in St. George's Hospital, by way of warn-

ing:

At the patient's request she remained during labor in a standing position. Suddenly the child was precipitated to the ground, dragging the entire placenta with it. Immediately thereafter a gurgling sound was heard. The woman remained standing as before, and holding to the bed post. Then she cried out: "I see nothing; I teel faint; put me to bed." Her request was carried out, but she died instantly Air was found in the coronary artery of the stomach, the right side of the heart was slightly inflated, and air escaped from the punctured auricle. Here Kezmarsky suggests that the sudden recession of the uterus after delivery exercised a suction force which drew the air directly into the uterus and into the uterine veins. Death from air in the veins is unusually sudden. When life is prolonged for a few hours, the dangerous symptoms as a rule subside, probably from absorption of air.

B. Excluding cases of phlegmasia dolens, in which a detached portion of the thrombus in the femoral vein is suddenly carried to the right side of the heart. He mentions two of generally accepted forms of thrombosis and embol-

ism.

I. When the placenta is partially detached during labor, or the uterus after the birth of the child does not properly contract, sudden hæmorrhage, followed by syncope or marked weakening of the heart's action, may lead to the formation of large soft thrombi in the uterine sinuses, which by movement, by uterine action, or by douche, may be set adrift and carried by the vena cava to the right side of the heart and the pulmonary arteries, and may cause extreme dyspnæa and death.

2. It has been assumed, though not without question, that owing to the large proportion of fibrinoplastic and fibrinogenic substances in the blood during pregnancy and childbed, it is possible, when the heart's action is feeble, for spontaneous coagulation to take place in the pulmonary artery, and cause dyspnoa and death by obstruction of the pulmonary circulation. This theory, originally broached by Meigs, has been warmly supported by Playfair and Barker. Clinically, many striking facts have been adduced in support of this view, though, so far as the evidence goes, it lacks the positiveness of a scientific demonstration. However, Virchow states that "any of the few minor cardiac veins opening into the right auricle may be the seat of the primary thrombus, and give rise to a large secondary thrombus within the auricle," a fact which, if admitted, furnishes standing ground for Playfair, and answers the objection that, excepting in the death agony, the force of the current in the pulmonary artery is such as to prevent spontaneous coagulation from taking place.

C. Cases of nerve exhaustion and shock, where the absence of all symptoms of pulmonary obstruction furnished certain evidence that the fatal ending was due neither to embolism nor to air, may be found scattered through journal literature. Certainly in the absence of visible lesions, or the characteristic symptoms of the conditions to which death in child-bed is usually referred we have the right to attribute the melancholy issue to the same causes which, outside of child-bed, produce identical phenomena.

From works on military surgery we learn that it is in the defeated army among homesick-soldiers, at the close of a wearisome war after great exertions and deprivations, that shock is developed in its severest forms; that the finer the organization, the more readily the manifestations occur; that they are promoted by sudden losses of blood, and are in a special degree evoked by abdominal injuries.

It certaily would be singular if similar conditions in childbed were not followed by similar results. After prolonged labor, the woman has her nervous system depressed by pain, starvation, and deprivation of sleep. The sudden emptying of the uterus is followed by a recession of blood to the venous trunks of the abdomen. Hæmorrhage subsequent to parturition is followed by syncope, and the wonder is, not that the circulation should occasionally show the evidence of marked and even fatal disturbance, but that the nervous system attacked from so many directions,

should, as a rule, triumph over the advance forces.

As the nervous organization of women loses its powers of resistance as the penalty of a higher civilization and of refinement, it becomes imperatively necessary for the physician to guard them from the dangers of excessive and too prolonged suffering.

We give the following history which seems to add a fourth, though rare, cause of sudden death in childbed. The case is reported by Dr. Davidson, of New Orleans. A primipara, light mulatto, aged about eighteen years, slender in form and anæmic, was delivered of a small and

healthy child after a short and natural labor.

Immediately upon the removal of the placenta, a rushing sound was heard, which was thought to be a profuse flow of blood, but upon examination by the introduction of the hand, the uterus was found well contracted with a slight discharge of blood. The whole abdomen became instantaneously distended to its fullest capacity, pressing upwards the diaphragm and impeding respiration.

Ammonia, turpentine, and brandy were immediately administered and frictions made over the abdomen. The pulse was rapid and nearly extinct and respiration became gasping. The woman expired about one half hour after

the sudden distention of the abdomen took place.

A postmortem examination of the body was made, revealing extreme pallor of the intestinal canal, which was filled with gas. The uterus itself was pale, the sinuses containing some clots, but very few were found in the cavity of

the organ. The remaining organs were normal.

Dr. Chas. Meigs, whose opinion was sought to account for so sudden and great an extrication of gas, said that he had known of similar occurrences and that he had no doubt that the gas was secreted by the mucous membrane of the bowels.—Editors.

OBSTETRICAL PAPERS.

READ AT THE INTERNATIONAL MEDICAL CONGRESS.

HELD AT COPENHAGEN, AUGUST, 1884.

STADFELDT (Copenhagen) read a paper on

THE TREATMENT OF THE THIRD STAGE OF LABOR. He had set himself the task of ascertaining the results vielded by the three chief methods—the expectant treatment, Credé's method, and the so-called Dublin grip—as it is pre-eminently these three methods around which the various views have been grouped. In the form of expectant treatment employed, the spontaneous detachment of the placenta, as well as its unaided fall into the vagina, was waited for; but as a rule the waiting for these events was not prolonged beyond about a couple of hours. In practicing the Crede grip, the method indicated by Credé was followed: vigorous circular frictions of the fundus uteri immediately after the birth of the child, and during a strong pain-generally the third-the placenta was expressed from the uterus and sometimes out of the vagina. The Dublin grip is understood variously by different authors. Most frequently the greatest stress is laid on exerting pressure upon the fundus uteri immediately after the delivery of the child. Thereby, however, the anteflexion of the uterus is easily increased, and thus the escape of the afterbirth from the cavity of the organ is rendered more difficult. The greatest stress was laid, therefore, on friction of the fundus uteri, as in the first tempo of the Crede grip, and after the placenta had descended into the vagina, it was removed with two fingers by conjoined slight traction of the funis. These statistic records commencing with April 1st, 1873, and the antiseptic treatment having been introduced into the maternity hospital in 1869, all labors have taken place under antiseptic precautions. Excluded from the statistics are all early abortions, and all cases in which the removal of the placenta was indicated immediately after delivery of the child (placenta previa, sanious uterine contents, etc.). The results of the figures were the following:

	Expectant 1780 Parturients.	Credé's Meth'd 1611 Parturients.	Dublin grip, 791 Parturients.	Expectant (new series in 1884), 198Parturients.
Hemorrhages during the expulsion of the				
Detachment and removal of the placenta	5.8	0.6	0.8	3.0
Tearing off of membranes or parts of the		0.0	0.5	1.0
placenta	1.8	2.3	1.8	1.5
Hemorrhage during the puerperium	0.8	0.3	0.3	0.0
Puerperal morbidity	24.0	18.3	12.0	12.0
Puerperal mortality	1.9	0.6	0.7	0.5

We see from this table that Crede's method shows favorably in comparison with the expectant treatment. Tearing and retention of membranes and of small parts of the placenta indeed is somewhat more frequent with expression, but the excess is not large, and the dangers are certainly not great under the protection afforded by the antiseptic method. The opponents of Crede's method, on the other hand, lose sight too much of the dangers associated with the expectant method during the time of waiting, especially outside of maternity hospitals. However, the fact that the morbidity and mortality are greater with the expectant method than with the others must not be unconditionally ascribed to the waiting. In the course of years antisepsis has been employed with ever increasing energy, and much depends hereon; had the beginning been made with Crede's method, the result might perhaps have been different. But the same is true, mutatis mutandis, of the statistics presented by the opponents of Crede's method, where the latter was generally commenced with. Hence, after what has been stated, there is no indication that the expectant method, with all its evils for the obstetrician and parturient, is to be preferred. Crede's method, however, requires so much accuracy and intelligence that Stadfelt does not consider it right to instruct mid-wives in the use of the grip. But for these the Dublin grip is quite appropriate.

Engelman (St. Louis) read a paper on

PERIODICITY OF SYMPTOMS IN UTERINE AFFECTIONS.

The author practices in one of the worst malarial regions, the Mississippi Valley, where malaria exerts its influence on nearly all diseases, but particularly on neuralgias, and where there is hardly any affection which can be treated without quinine. In gynecological patients, however, the speaker has observed a peculiar form of periodicity of symptoms which are nowhere mentioned, and which are especially distinguished by the fact that they are not at all influenced by quinine or other antiperiodics, but disappear whenever local treatment has effected an improvement or a cure of the sexual affection. The author does not refer to the symptoms appearing monthly at a certain time in the intermenstrual period and dependent upon the menstrual wave, such as pains, fever, discharge, which occur month after month at the same time, most commonly from one to seven days before the onset of the catamenia or in the middle of the intermenstrual period, but which are continuous

during their presence. The symptoms to be discussed here are such as combine the daily and monthly periodicity, unite in themselves, so to speak, the menstrual and malarial type. They appear every month at the same time, most frequently not long before the onset of the catamenia; but then, during their continuance, they return every day at exactly the same time, vanish after so many hours, leaving the patient free for the rest of the day. These symptoms are fever, pain in the pelvis, neuralgia and discharge, most frequently fever and pelvic pain. As has been stated, quinine does not exert the slightest influence upon them, but they yield to a local treatment. The question is, whether this periodicity in the symptoms depends upon the wave motion which we observe in other vital functions, especially in that of the nerves, or whether they are in some way connected with malaria.

A. Martin (Berlin) presented a paper on diagnosis and treatment of tubal diseases.

The diseases of the tubes, especially their diagnosis, receive too little attention in most text-books. Still this chapter is of the utmost importance, and the diagnosis is not nearly as difficult as is generally supposed. By bimanual examination, if necessary performed during narcosis, the tubes can generally be clearly palpated, particularly when they are diseased. In order to be sure that it is really the tubes which are between our hands, we must be able to feel their connection with the uterus distinctly. Among one thousand women, about sixty-three have diseased tubes. The treatment should be medical rather than surgical, for the extirpation of tubal tumors seems to be very grave. While the speaker has lost but three out of his last hundred ovaritomies, one of them from sepsis; among eighteen salpingotomies for tubal disease, five died; and not less than four of these from sepsis. The results of medical and dietetic treatment, too, are often better than is generally assumed. In many cases improvement resulted, in two cases even recovery from sterility of many years' standing. In conclusion, the speaker briefly discussed tubal pregnancy. His former opposition to Veit's proposition, to extirpate the ovisac in this condition as early as possible, he has ceased to maintain, in the light of his present experience.

HALBERTSMA (Utrecht) read a paper on ALBUMINURIA GRAVIDARUM.

He defends the view, long ago advocated by him, that

albuminuria gravidarum depends essentially on compression of the ureters, as demonstrated by him in Volkmann's "Sammlung klinischer Vorträge," No. 212. H.'s doctrines culminate in the following three thesis: I. Facts do not warrant us in ascribing albuminuria of the pregnant woman to a reflex contraction of the renal arteries. 2. Albuminuria of pregnant women is chiefly observed where there is a disproportion between the size of the gravid uterus and that of the abdominal cavity. 3. The cause of albuminuria of pregnant women lies most frequently in tension and compression of the ureters.—American Journal of Obstetrics.

THE NEW ORLEANS MEDICAL AND SURGICAL JOURNAL.

PUBLISHED MONTHLY.

Communications relating to medicine are invited from every source. Matters of more than ordinary importance are occurring daily to country physicians, brief reports of which this Journal would be glad to get.

In sending such communications, and others pertaining to Editorial Department, as well as those relating to business, address New Orleans Medical and Surgical Journal, P. O. DRAWER 282, New Orleans, La.

EDITORIAL.

MEDICAL EXHIBITS AT THE EXPOSITION.

Among the innumerable attractions which the World's Cotton Centennial Exposition will offer to the visiting members of the American Medical Association at the coming meeting in May, and in fact to all medical men, few will claim their attention more justly than the exhibit of the Medical Division of the war department in the Government Building. This department, which is in charge of Dr. Henry Mc-Elerry, Assistant Surgeon of the U. S. army, will embrace a great number of medical, surgical, hygienic, and other objects, which are especially related to Military Medicine. The following list will serve to illustrate the character of the exhibit, though it details only a very small number of the very attractive objects of special interest to medical men,

which will be on exhibition at this truly great fair. The exhibit comprises models of hospital tents, pitched end to end and furnished out and out Hollabrand's patent hospital tents, six model hospitals, including eight twenty-four bed hospitals, photographs of the Army and Navy Hospitals at Hot Spring and West Point, articles on the standard supply table of the army, embracing medicine, hospital stores, instruments, dressings and stationary apparatus, implements and apparatus from the Army Medical Museum, a very complete set of the most recent and approved antiseptic, field, surgical dressings and appliances.

Methods of transportation of sick soldiers and sailors on land and water. In this division are found stretchers, litters, models of ambulances, ambulance wagons, ambulance appurtenances, transport carts, models of hospital cars, models of hospital steamers and steamships, Ashford litters and ambulances from the St. John's Ambulance Association, at London.

The fourth division comprises an exhibit of methods employed for the systematic treatment and study of the diseases and injuries of soldiers, with a view to their more efficient treatment. Photographs of surgical cases in various stages of disease will be shown, also specimens from the Army and Medical Museum and photographs of sekletons, from the same source, photographs of crania, casts of stumps, photo-micrographs, by Dr. J. W. Draper, taken in 1851-52, solar enlargements of photo-micrographs, by Dr. J. J. Woodward, surgeon of United States army. Sixty transparencies on glass from photo-micrographic work by the same. Also sixty transparencies on glass from photo-micrographs by Dr. George Sternberg, United States army. Fifty transparencies on glass from photo-micrographs made at the Army Medical Museum. Twenty-four microscopes from the Army Medical Museum, illustrating the latest improvements in this instrument. There will be two hundred microscopic slides accompanying the above; two of the microscopes will be handsomely mounted and placed in the office of Surgeon McEllerry, where gentlemen of the medical profession will be permitted to experiment with same. There will be microscopic sections on glass by Prof. His, of Germany.

In division five will be placed photographic portraits of distinguished surgeons of the United States army. In the Medical Department, there will also be exhibited, and daily operated, an anthropometric laboratory, occupying a space of 36x6 feet, arranged by Sir Francis Galton, F. R. S. The object of this anthropometric laboratory is to show to the public the great simplicity of the instrument and methods, by which the chief physical anthropological characteristics may be measured and recorded.

Koch's and Pasteur's culture apparatus will also be exhibited, as well as samples of micro-organisms, growing on various media, to illustrate culture methods.

In order to afford a comprehensive view of the medical work in the army, a large map of the United States, measuring 13 x 8 feet, will be displayed. On this will appear the locations of the different military stations, and diseases occuring at the same, together with the mean strength of the command.

An object of interest to many will be a drawing of a crematory furnace, designed, built and used by Surgeon Charles Smart, U. S. A.

In addition to the above, there will be a full list of the publications emanating from the Surgeon General's office; medical journals and periodicals furnished post surgeons, and a full set of meteorological instruments at army posts.

Besides the Government exhibits, the Mexican Mineralogical collection, the botanic collection in the Horticultural
Building, the private chemical and pharmaceutical displays,
the surgical instrument and educational exhibits, and the
medical libraries exhibited by publishing houses in the
various sections of the Main Building, will justify the visit
of any physican, no matter how distant his home, to New
Orleans, and will amply repay with the pleasure and instruction derived from the visit, the outlay made in reaching the city.

THE COMING MEETING OF THE AMERICAN MEDICAL ASSOCIATION,

The editor of the Journal of the American Medical Association has heard, "from various sources, intimations that a movement had been started to change the time of meeting of the Association in New Orleans, which was appointed to commence on the last Tuesday in April next, to an earlier date." The reasons given for the proposed change are that the Exposition is to close on the first of May, only four days after the time appointed for the Association to meet, and that the last week in April is likely to be too warm for the comfort of the members. In meeting these objections the editor is perfectly correct in stating that the first of the reasons "is simply an error," as the Exposition will not close until the first of June.

As to the apprehensions in regard to the severity of our summer heat, we believe the editor's past experience will serve to lull the fears of the most timid. He says "he (the editor) nowhere spent a more comfortable week than in New Orleans during the first week in May, 1869, when the American Medical Association held its meetings in this city."

We hope that this statement of the Editor of the Official Journal of the Association, reinforced by our own assurances, will set at rest all further discussion on this matter, and that all members will begin to prepare themselves for the coming meeting, which we have every reason to believe will be as brilliant and instructive (if not more so) as any heretofore held by the Association. The auspicious circumstances under which this reunion of the Association will be held are almost a positive guarantee of success.

The local Committee of Arrangements under the direction of Dr. Samuel Logan, Chairman, have begun to attend to the necessary preparations for the meeting, and we can safely promise our bretheren of other States that no pains will be spared by the physicians of New Orleans to secure their comfort and make their stay among us as pleasant and instructive as it should be.

UPON THE INTRAVESICAL INJECTION OF STRONG SOLUTIONS OF NITRATE OF SILVER.

In the New York Medical Record, November 1, 1884, Dr. Hy. K. Leake, of Dallas, Texas, brings up a sentence that appeared in an editorial in the same journal for September 6th. The editorial read as follows:

"Nitrate of silver has been much used in this country, and is still used in France; but the less of that material thrown into the bladder so much the better for the patient."

Dr. Leake asks the editor to favor a large number of practictioners who employ strong solutions of nitrate of silver, with substantial reasons for the advice contained in the editorial quoted. Many physicians, accustomed to this practice, believe the traditional fear of making nitrate of silver injectious into the bladder, to be entirely groundless, as nothing but good results have been obtained in properly selected cases of cystitis. Dr. Leake says that Prof. Richardson, the apostle of the practice, has fully demonstrated its efficiency, both in his clinical lectures and in private practice. In the Philadelphia Medical News, November 10th, 1883, Dr. L. published the report of an instructive and aggravated case of cystitis, successfully treated by Prof. Richardson's method. Prof. William Gardner, Professor of Gynecology, in McGill University, of Montreal, having noticed the communication in the Medical News, related an experience very flattering to the method. Dr. Leake ventures to predict that in gynecological cases, especially, there is a great future awaiting a more extended and systematic employment of the stronger solutions of nitrate of silver in cases of cystitis. Dr. Leake has observed success in many quarters; he has seen none of the baneful results intimated in the editorial, and is surprised that the practice is not more generally appreciated.

The editor of the *Medical Record* does not see that the success of nitrate of silver injections, in properly selected cases, militates against the view that the less of it thrown into the bladder the better for the patient; but there is a

vast difference between "properly selected cases, and the indiscriminate use of this solution, which was a matter of every-day practice a few years ago, and is still the routine practice of some physicians. Evidently, we must exclude simple cystitis from "properly selected cases;" and some cases of chronic cystitis will be less benefited by injections of solutions of nitrate of silver than by other treatment.

In chronic cystitis, with vesical catarrh, excellent results have been obtained with the nitrate injections; and cases have been seen in which the effect of injections of strong solutions of nitrate of silver was so violent as to cause very serious apprehension for the safety of the patient. In the editor's experience the best results have been obtained where the treatment was commenced with weak solutions of the nitrate, so as to accustom the bladder to the action of the remedy, and then gradually increasing the strength of the solution.

Another objection to the use of strong solutions is the vesical tenesmus which they occasion, and which often requires large doses of morphia to alleviate it. In such cases the use of such a powerful irritant cannot be regarded as advisable: much better results are to be expected from the use of iodoform, or a solution of corrosive sublimate, I to 5,000. The latter is especially adapted to the treatment of chronic cystitis in women.

The editor does not unconditionally condemn nitrate of silver solutions, for they certainly act excellently in "properly selected cases;" and in the objectionable sentence in the editorial, it is not necessarily intended to convey the idea that the less *quantity* of silver used the better for the patient, but that the fewer cases in which the strong solutions are used the better, the cases being, of course, selected.

Further comment upon this mode of practice is unnecessary, since we have been favored by a communication from the distinguished author of the practice, Dr. T. G. Richardson. The following is the letter, which fully explains itself:

To the Editors of the New Orleans Medical and Surgical fournal:

Gentlemen—Your note of the 17th inst, calling my attention to the article of Doctor Henry K. Leake, of Dallas, Texas, in the New York Medical Record of November 1st, concerning the use of strong solutions of nitrate of silver for the cure of chronic cystitis, and the editor's inexplica-

ble comments upon the same, is before me.

As stated in my clinical lecture upon this subject, printed in the Philadelphia Medical News in 1879, I instituted this method of treatment many years ago, and am happy to be able to state that I have every reason to be fully satisfied with the results. I have, therefore, no hesitation whatever in commending it again to the profession. Why it has not been more generally adopted by surgeons is difficult to explain, especially in view of the hopeless judgment which they so often pronounce upon cases of chronic cystitis. Strangely enough, the old idea that it is a very dangerous procedure still prevails among lecturers and writers, and not a single text-book upon surgery ventures to express any other opinion. They do not scruple to advise perineal and vaginal cystotomy in certain cases, but recoil from the proposition to apply to the vesical mucous membrane a remedy which is applied daily in stronger solutions and with unlimited freedom to the delicate conjunctivo. Now and then young surgeons, such as Doctor Leake, and others of Texas, who have witnessed this treatment and its results in my wards at the Charity Hospital, and still more rarely independent practitioners, such as Professors Ford, of St. Louis, and Gardner, of Montreal, and a few others whose names do not occur to me at this moment, have adopted it, and speak with enthusiasm of its surprising effects; but the fact remains that the profession as a whole condemn it, but, I must add, without offering any clinical facts whatsoever in support of the adverse judgment. All that I ask is a fair trial of the method according to the directions given in the contribution referred to, and in undoubted cases of chronic cystitis. As the miserable sufferers from this disease are seldom found among the wealthier classes, I hope that no apology is needed for thrusting this matter again before the eyes of the profession. I am very truly yours, T. G. RICHARDSON,

P. S.—As it is quite evident that the able editor of the *Medical Record* is not acquainted with my published lecture, I take the liberty of offering to place a copy in his hands if he will promise to read it.

NECROLOGICAL.

On Monday, December 8, the medical profession of New Orleans were called upon to realize the loss of one of their most beloved and appreciated associates, in the death of

Dr. Jean Charles Faget.

Dr. Faget was a man truly loved and respected by all who knew him, for he was the personification of the ideal gentleman—pure, noble, and true. He was one of the kindest and most generous benefactors of the French, and particularly the Creole population of this city, a class which he so honorably represented. He was one of the most modest of men, though the distinctions which his learning and great professional attainments conferred upon him would have infused a very different spirit in the minds of most men His contributions to medicine have been recognized everywhere as being of a substantial character and lasting value.

It would be impossible, in the limited space at our command, to attempt even the enumeration of his scientific titles and literary productions; but we will endeavor in our next number to do some justice to his distinguished career, which, from many standpoints, is worthy of the most attentive consideration, and deserves the admiration of all

men.

Dr. William Darling, the eminent professor of Anatomy of University College, New York, died December 25th, at the age of eighty-two years.

He taught Anatomy since 1842, and was recognized as one of the most distinguished teachers in his specialty in

this country.

Dr. T. S. Bell, of Louisville, Kentucky, died in that

city December 28.

The deceased was distinguished for his profound erudition and scholarship He was appointed professor of State Medicine and Sanitary Science in the University of Louisville, and retained this position with distinction up to the day of his death. He was editor for many years of the Louisville Medical Journal, and was a voluminous contributor to the literature of the profession. He is justly lamented by the people of Louisville as one of their noblest and most philanthropic benefactors.

Another severe blow has been inflicted on the medical profession of the South, in the death of Dr. Edmund Pen-

dleton Gaines, who died of Bright's disease, in Mobile,

Alabama, December 7.

He was much beloved, honored, and respected by the community in which he lived, and exercised a great influence among his professional brethren, on account of his uncommonly brilliant attainments. He was once President of the Alabama State Medical Society, of the Mobile Medical Society, and member of the State Board of Health. He was professor of Physical Diagnosis and Clinical Medicine in the Alabama Medical College.

His death will be long and deeply regretted by his numerous friends, not only in Alabama, but in Louisiana and adjoining States, where he was especially well known and

appreciated.

Books and Pamphlets Received.

Anatomy, Physiology, and Hygiene. A Manual for the use of Colleges, Schools, and general readers. By Jerome Walker, M. D., with original and carefully selected illustrations. New York; A. Lovell & Co. 1884. Pp. 415.

Medical Rhymes. A collection of rhymes of ye anciente time, and rhymes of ye modern day. Rhymes grave, and rhymes mirthful; therapeutical and surgical; all sorts of rhymes to interest, amuse, and edity all sorts of followers of Esculapius. Selected and compiled from a variety of sources, by Hugo Erichsen, M. D., Professor of Neurology in the Quincy School of Medicine, etc. With an introduction by Prof. Willis P. King, M. D., Sedalia, Mo. Illustrated. J. H. Chambers & Co., St. Louis, Mo., Chicago, Ill., Atlanta, Ga. 1884.

The Elements of Physiological and Pathological Chemistry. A handbook for medical students and practioners, containing a general account of nutrition, foods, and digestion, and the chemistry of the tissues, organs, secretions, and excretions of the body in health and disease, together with the methods for preparing or separating their chief constituents, as also for their examination in detail, and an outline syllabus of a practical course of instruction for students. By T. Cranstoun Charles, M. D., Fellow of the Chemical Society, and of the Royal Medical and Chirurgical and Pathological Societies; Master of Surgery, etc.; Lecturer on Practical Physiology, St. Thomas' Hospital, late Medical Registrar of St. Thomas' Hospital; and, formerly, Assistant Professor of Chemistry, and Demonstrator of Chemistry and Chemical Physics, Queen's College, Belfast; Demonstrator of Physiology and Physiological Chemistry, St. Thomas' Hospital Medical School, etc. Philadelphia; Henry C. Lea's Son & Co. 1884.

Manual of Chemistry. A Guide to Lectures and Laboratory work for beginners in Chemistry. A Text-Book specially adapted for students for pharmacy and medicine. By W. Simon, Ph. D., M. D., Prof. of Chemistry and Toxicology in the college of Physicians and Surgeons; Professor of Chemistry and Analytical Chemistry in the Maryland College of Pharmacy, Baltimore, Md. Philadelphia; Henry C Lea's Son & Co. 1884.

The Elements of Physiological Physics An Outline of the elementary facts, principles, and methods of Physics, and their applications in physio-

logy. By J. McGregor-Robertson, M. A., M. B., C. M., Muirhead Demonstrator of Physiology, and Assistant to the Professor of Physiology in the University of Glasgow. Philadelphia: Henry C. Lea's Son & Co. 1884.

Surgical Delusions and Follies. A revision of the address in surgery for 1884 of the Medical Society of the State of Pennsylvania. By John B. Roberts, A. M., M. D., Prof. of Anatomy and Surgery in the Philadelphia Polyclinic, Surgeon to St. Mary's Hospital. Philadelphia: P. Blakeston, Son & Co. 1884.

The Science and Art of Surgery. A Treatise on surgical injuries, diseases, and operations. By John Eric Erichsen, F. R. S., LL. D., F. R. C. S., Surgeon Extraordinary to Her Majesty the Queen; ex-president of the Royal College of Surgeons of England and of the Royal Medical and Chirurgical Society: Emeritus Prof. of Surgery and of Clinical Surgery in University College: Consulting Surgeon of University College Hospital, and to many other Medical Charities. Philadelphia: Henry C. Lea's Son & Co. 1884.

Transactions of the Medical Society of the State of Pennsylvania, at its Thirty-fifth Annual Session, held at Philadelphia, May 14, 15, 16, 1884. Vol. XVI. Published by the Society. Philadelphia, 1884. [8vo, pp. 623.]

A Text-book of Hygiene. A comprehensive Treatise on the Principles and Practice of Preventive Medicine from an American Standpoint. By George II. Rohé. M. D., Prof. of Hygiene, College of Physicians and Surgeons, Baltimore; Member of the American Public Health Association, Corresponding member of the N. O. Academy of Sciences, etc. Baltimore: Thomas & Evans, 1885. [8vo, pp. 324.]

A Practical Treatise on Diseases of the Ear, including a sketch of Aural Anatomy and Physiology. By D. B. St. John Roosa, M. D., LL. D., Professor of Diseases of the Eye and Ear in the New York Post-Graduate Medical School, and President of the Faculty, etc. Sixth Edition, Revised and Enlarged. New York: Wm. Wood & Co., 56 & 58 Latayette Place. 1885. New Orleans: Armand & Hawkins, 196½ Canal street. [Price \$5.50, 8v0, pp. 718.]

A Theoretical and Practical Treatise on the Hemorrhoidal Disease, Giving its History, Nature, Causes, Pathology, Diagnosis, and Treatment. By William Bodenhamer, A. M., M. D. Illustrated by two chromo-lithographic plates and thirty-one wood cuts. New York: William Wood & Co., 56 and 58 Lafayette Place. 1885. New Orleans: Armand Hawkins, 196½ Canal street. [Price \$3.00, 8vo, pp. 297.]

The Basic Pathology and Specific Treatment of Diphtheria, Typhoid, Zymotic, Septic, Scorbutec, and Putrescent Diseases Generally. By Geo. J. Ziegler, M. D., late physician of the Philadelphia Hospital, etc. Philadelphia; George D. Ziegler, M. D. 1884. [Price, \$2.00.]

The Medical Record Visiting List, or Physicians Diary, for 1885. New York: William Wood & Company. [Price, \$1.25.]

Physicians' Visiting List. 1885. (Lindsay & Blakerton's.) Thirty-fourth year of its publication. [Price, \$1.25.]

Courier-Review Call Book. A Physician's Pocket Reference Book and Visiting List. Arranged and prepared by E. N. Nelson, M. D., Ph. D., editor St. Louis Courier of Medicine. etc. J. H. Chambers & Co., publishers and dealers in medical books, St. Louis, Mo.

Physicians Pocket Day Book. Designed by C. Henri Leonard, M. A., M. D. [Price, \$1.00.] Issued annually. The Illustrated Medical Journal Co., Detroit, Mich.

All these Pocket-Books are very well devised, and are heartily recommended to our readers.

METEOROLOGICAL SUMMARY-DECEMBER. STATION-NEW ORLEANS.

DATE	Daily Mean Barometer,	Daily Mean Tempert'e.	Daily Max.	Daily Min. Tempert'e.	Daily Rain fall, inches.	GENERAL ITEMS.	
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 20 21 22 23 24 25 26 27 28 29 30 31 Suppose Suppose	30.167 30.048 30.048 30.048 29.920 29.926 29.908 30.192 30.307 30.118 29.983 30.110 30.171 30.203 29.979 30.234 30.319 30.319 30.267 30.30 30.171 30.267 30.026 30.026 30.026 30.026 30.026 30.026 30.026 30.026 30.026 30.026 30.026	49.78 49.78 49.78 45.58 40.43 55.58 40.43 55.58 56.57 57.99 58.59 58	56.06 56.07 56.08 71.36 66.88 66.06 66	45.55 46.95 50.55 60.05 51.86 60.00 51.33 749.00 49.55 55.32 77.28 43.00 65.22 58.55 48.77 41.00 65.40 66.40 6		Mean Daily Dew-point, 50.9. Mean Daily Relative Humidity, 77.0. Prevailing Direction of Wind, North. Total Movement sf Wind, 7,000 miles. Highest Velocity of Wind and Direction, 28 Miles Southeast. No. of foggy days, 0. No. of clear days, 7. No. of clear days, 11. No. of cloudy days, 13. No. of days on which rain fell, 15. Date of solar halos, 0. Dates of lunar halos, 29-30. COMPARATIVE MEAN TEMPERATURE. 1873	
				1		1878 8.69 1884 \$.01	

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Week Ending.			Consump-			
Nov. 26th Dec. 6th Dec. 13th Dec. 20th Dec. 27th		7 6 4 3 5	23 14 12 14 14	0 0 0 0	7 6 4 6 8	128 113 104 110 97
Total	0	25	77	0	31	552

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VOL. XII.

FEBRUARY, 1885.



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Plainfield, N. J., March 11, 1884.

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C. M. FIELD, M.D.

tion in rheumatic neuralgia. C. H. HUGHES, M.D. Louisville, Ky., June 12, 1883.

I have found Sougaine a useful combina-

I have used **Tourname** during the past few weeks in neuralgic affections, many of them in a severe form, with the most gratifying results, and these results have been quite uniform.

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Cincinnati, March 11, 1834.

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NEW ORLEANS MEDICAL AND SURGICAL JOURNAL.

FEBRUARY, 1885.

ORIGINAL PAPERS.

The Relation of Filth to Yellow Fever.*

By S. S. HERRICK, M. D.

In the North American Review for October, 1884, is an article entitled "The Origin of Yellow Fever," by Dr. C. Creighton, who traces the introduction of the disease to America through the African slave-trade. He does not suppose this to be an African fever, and goes further than most writers in the idea of the immunity of the negro race to its influence.

His remarkable theory is, that the poison which produces yellow fever in the white race is derived from the filth of ships' holds crowded with negroes, and particularly from their dysenteric discharges. The idea that dysentery, as well as cholera, is an infectious disease, is not unreasonable and is largely entertained; but the notion that the dysenteric infection of the negro produces so totally different a malady as the yellow fever of the white man, is something monstrous!

The sole claim of this singular conception to plausibilty rests on the coincidence that the ports most afflicted with yellow fever have been actively engaged in the African slave-trade, and that the fever declined at some of the Atlantic ports

^{*}Read before the New Orleans Medical and Surgical Association,

of the United States about the time of the cessation of the slave-trade. Even the appearance of yellow fever in Callao, Peru, in 1853, is attributed, with equal ingenuity, to the Chinese coolie-trade, through the dysenteric discharges of a race little susceptible to yellow fever. If this idea has any foundation, yellow fever should have become epidemic in Peru and Guiana, under the prolonged influence of coolie immigration.

It is to be observed that this theory of the origin of yellow fever is not original with Dr. Creighton, but that he adduces the authority of several other writers of earlier date. Chief among them is Dr. Audouard, who wrote on this subject nearly sixty years ago, after studying two Spanish epidemics of yellow fever in 1821 and 1823, which he traced to vessels visiting Barcelona and Passages, which had previously been engaged in the slave-trade. Creighton quotes from Copland's "Dictionary of Practical Medicine," that author's experience at Sierra Leone in 1817, and his impression that the yellow fever which he witnessed was produced by the atmosphere of a limited space contaminated by the exhalations of a large number of negroes. He also quotes from LaRoche, in a passage ending, "In this case the putrid sea-water of Havana harbor was the source of yellow fever; and such putridity can have had no other origin than the accumulated filth of hundreds of slave-ships discharged into it for two centuries."

But if Dr. Creighton's arguments have any value, the history of yellow fever and that of the slave-trade should agree in both place and date. Let us now examine. The African slave-trade by the Portuguese began about the middle of the fifteenth century, but there is no evidence of the existence of yellow fever in Europe prior to the discovery of America by Columbus. Negro slaves were brought to Virginia in 1620; yellow fever did not appear in that colony till a hundred and twenty-seven years later, but appeared at New York as early as 1668. There is historical evidence of the existence of yellow fever in the island of San Domingo in 1494, and Porto Rico in 1508, but the first

negro slaves were brought to the West Indies in 1517. Notwithstanding African slaves had long been transported to Brazil, yellow fever did not gain a foothold till the suppression of the slave-trade in 1850. Besides, the Arabs have actively engaged in the negro slave-trade on the east coast of Africa for centuries, and yellow fever has never been known along the eastern shores of the old world.

It is clear that Audouard and Dr. Creighton connect yellow fever with slave-ships, from the bare fact that such ships have carried the disease to Europe, without suspecting that these vessels became infected on the West Indian shores. Thus certain minds, lacking the judicial faculty of seeing the different sides of a debatable question, become possessed with a single idea, which masters them and rules out all opposing evidence. This judicial blindness finds yellow fever brought from Africa, where it never before existed, by people insusceptible to the disease, and planted in lands where history proves its previous existence!

So much for the theory that yellow fever originates from negro exhalations and dejections. Let us now consider the broader question, whether it is properly a filth disease at all. To answer such a definition in any sense, it must either spring, de novo, from filth, or be inseparably associated with it.

By filth we understand animal excretions and all organic matters in a decomposing state. Now, if these substances or any of them be capable of originating a specific disease in one clime, the same matters must cause the same disease in another similar clime. There is no satisfactory evidence that moisture, or electricity, or force or direction of currents in the atmosphere, or any meteorological phenomenon whatever, except temperature, has any influence over yellow fever; and the obvious conclusion must be that, if filth, plus a high temperature, can originate the disease in one region, it must in all others. But yellow fever has never been known in the old world east of Leghorn, therefore it does not originate from filth.

Is yellow fever inseparably connected with filth, as above defined? If so, then these matters are indispensable to its propagation. But experiments to produce the disease by inoculation of morbid products (not admitting those of Domingo Freire as conclusive) have given negative results; and, on the other hand, fomites without filth or contact with subjects of the disease are abundantly proved to have conveyed it. Moreover the filthy quarters of New Orleans have, no more than others, been points of outbreak or marked by unusual violence of the disease. The fourth district of our city enjoys preëminence in sanitation over the others, yet it has been oftenest, if not most severely, afflicted with yellow fever in the last eighteen years.

Failure to trace the time and mode of importation have led people here and elsewhere to attribute yellow fever to local causes. This pestilence last visited Philadelphia in 1853, after an absence of thirty-three years; yet La Roche. writing in 1855, strenuously attributes the disease to local causes and denies its transportability. What are those local causes? If filth be one of them, why was it inoperative there so many years, and why ever inoperative in New Orleans? The few now remaining among us, who ascribe vellow fever to local insanitary conditions, must admit transportation of the disease to inland localities without such agency. Why then invoke this agency for New Orleans? After absence of the fever from our city for several summers, with the intervening winter frosts, its reappearance without clear proof of importation is, to my mind, more reasonably explained by imperfection of modes of exclusion and modes of investigation than by operation of constantly existing causes, or of causes mysterious in their nature. It seems to me easier to recognize a known cause than an unknown one; easier to acknowledge an efficient cause, though undiscovered, than an agency always present but habitually inoperative. The man who goes with an old associate to the theatre and finds his watch missing on return, does not accuse his companion, but reasonably

supposes some pickpocket took it in a manner and moment not recognized.

But in denying that filth is the productive cause of yellow fever or its necessary concomittant, I am free to admit their frequent association; and the same is true of the eruptive fevers. A collection of filth means an undisturbed spot, where infection has had time and opportunity to multiply and gain virulence. General and thorough cleansing and disinfection break up such nests of pestilence, and so filth and disease disappear together. Association does not prove relationship.

The classing of yellow fever among the filth diseases, along with cholera, epidemic dysentery, enteric fever, and diphtheria is dangerous in directing preventive measures entirely or chiefly to filth, with disregard of apartments and fomites. The infection is more likely to survive in neglected houses than among unheeded rubbish and filth exposed to the weather outside. Narrow ideas and one-sided views are as mischievous in sanitation as in any other important business. With yellow fever, cleansing and disinfection are indispensable, but let it not be forgotten that it was certainly once foreign to these shores, and that it may again be imported without the instrumentality of filth.



Treatment of Acute Lobar Pneumonitis.

By A. PATTON, M. D.

In the October No. (1870) of the American Journal of the Medical Sciences, Philadelphia, I had published an article entitled, "Carbonate of Ammonia in the Treatment of Pneumonitis." This article received many favorable notices from medical journals, both in this country and abroad.

Dr. Flint, in his great American work on Practical Medicine (late edition), does me the honor to mention the article referred to. But he is in error in stating that carbonate of ammonia was the only medicinal treatment that I employed in pneumonitis, for, while it was the leading

medicine advocated, I also urged that in the early, or congestive, stage, if there was dyspnæa or other threatening symptoms depending upon an extensive engorgement of the lung, chloroform should be given in half, or dram doses, frequently repeated. I also suggested the propriety of giving a saline aperient, and if there was a malarial complication, quinine was advised.

Another medicine to which considerable importance was attached, was digitalis where there was a failure of heart power. Blisters, sinapisms and hot applications were urged in the early stage of the disease, which, as to blisters, is a variation from the usual practice, as most authors advise that blisters should not be used until the beginning of the second stage. But my experience up to that time, and since until the present, is decidedly favorable to early blistering.

As fourteen years have passed away since my article was published, and during which time I have had ample opportunities of testing the value of the treatment thus advocated, I feel like it is my duty to add in this article further evidence of the results of the practice I cannot give the exact number of cases treated under my own observation, but will state that it is several hundred. In all these cases carbonate of ammonia, or the muriate, has been the leading medicine employed. To adults I gave from five to ten grains, dissolved in water, for a dose, repeated every two hours.

I stated in the article above mentioned that I had treated ninety-six cases, with a loss of only two, and I may now state positively that the mortality in all my experience with the ammonia plan of treatment has not been more than two in one hundred cases. So much for the results of the treatment which is certainly sufficiently favorable to inspire full confidence in my plan. I say my plan, which may be regarded by some as an unwarranted claim. I have heard of physicians saying they had pursued this same method for thirty years. This I have no right to deny, but I can say truly that they did not publish this plan of treatment in

any medical journal or medical book, so I have a right to claim priority.

The ammonia treatment was forced upon me while I was surgeon of Col. J. E. Bailey's 49th Tennessee consolidated regiment, and Brigade Surgeon of Gen. Maxey's brigade, when stationed at Port Hudson, La., during the winter of 1862.

At one time eleven cases of acute pneumonitis were in my field hospital, and the supply of medicines being very limited, I adopted carbonate of ammonia as a substitute for other agents which I could not obtain. I began with the medicine in the early stage and persevered with it until the termination of the disease. I also blistered in the first stage. To my agreable surprise the cases all progresed favorably, though some times exceedingly severe. I was so favorably impressed with the action of the medicine that it has constituted my leading remedy in pneumonitis from that day to this. The treatment has been advised by physicians in charge of hospitals in Cincinnati and Louisville, and my name mentioned as the originator. Still I very much regret to find that it is not yet universally adopted by the medical faculty in this country and abroad. While experience and clinical results sustain this plan of treatment in a very high degree, it is not by any means the only consideration that may be urged in its favor.

Theory comes to its aid in a very forcible manner. It is admitted by the most eminent writers that there is a high degree of hyperinosis or excess of fibrin in the blood leading to the development of the characteristic phenomena of the disease. To this may be ascribed the occurrence of the exudation into the air cells constituting hepatization. Also the very tenacious sputa, as well as pleuritis with fibrinous exudations over the inflamed lung, pericarditis and many other accompanying accidents of the disease. If we can prevent or modify these pathological conditions a most important point has been found, for it is owing to these complications that much of the fatality of pneumonitis results. It is claimed by Stille and other writers on Therapeutics,

that there is no agent known that possesses such energetic power of dissolving fibrine as carbonate of ammonia.

Thus, in this agent we have a means of modifying the exudation into the air cells and pleural cavities, limiting the extension of the inflammatory action to contiguous tissues, preventing pleuritis, pericarditis, double pneumonia and bronchitis. In addition, the remedy exerts a specific action upon the bronchial mucous membrane, preventing the development of that viscid, adhesive and fibrinous sputa which causes such a troublesome cough, greatly increasing the pain and even danger of the disease. It is not at all important whether the old idea that pneumonia is a local inflammation of the lung, or the new view maintained by Jungersen, Draper, and Flint, that it is a pneumonic fever. is true, for all admit that the excess of fibrine exists, and that this causes the worst features of the disease. So that in either view of its pathology, ammonia becomes the leading remedy.

But there is another abnormal condition which exists to a greater or less degree in most cases, which absolutely demands the use of ammonia. The failure of the disabled lung to properly decarbonize the blood, together with the rapidly decomposing tissues during the progress of the disease necessarily poisons the blood with carbonaceous matters which must be carried off through the kidneys, skin, or bronchi, or antagonized by a prompt and energetic chemical agent. To accomplish this desideratum there is nothing equal to carbonate of ammonia, as it not only acts upon the kidneys, skin and bronchial mucous membrane, but is the most energetic neutralizer of carbonacous matters in the blood known to therapeutists. In conclusion, I will simply refer to the objectionable features of other methods of treating this formidable disease. As the bleeding, calomel, and tartar emetic plan of treatment, so popular at one time, has passed away and almost forgotten, I will not refer to the many objections which might be urged against it. The alcohol plan, suggested by Drs. Todd and Bennett, has had its time but not entirely abandoned. When I wrote

my article in 1870, alcohol was the popular remedy with American physicians. Todd advised its use from the first to the last stage of the disease. But as experience and clinical results failed to sustain the plan of treatment, it is only necessary to allude to some of the objections against alcohol as a leading remedy in pneumonitis. Instead of being a defibrinizer, it is a powerful generator of film and thus increases the gravity of the disease, especially if given in the first stage. Of course, in the later stage, if there is great debility and depression of the vital powers, it may be given with benefit. Instead of healing down the tough mucus, lining the air-cells, it only renders it more tenacious. Instead of acting upon the kidneys as a diuetic, depurating the blood of the excess of carbonaceous matters it generally renders those organs torpid, thus retaining in the blood these poisonous agents which ought to be gotten rid of at all hazards. But the strongest objection that I will urge against alcohol in pneumonia is its well-known property of even stimulating the brain, producing hyperemia of the vessels of the meninges and of the basilar brain, leading to delirium and other mental disturbances. It also determines to the brain an excessive amount of the blood overcharged with carbonaceous and other poisonous matters, producing stupor, coma, and too often death. Veratrum viride, aconite, and medicines of that depressing class have their advocates among the profession, and when employed with great care may accomplish good results. But too often they are carried too far and add to the rapidly approaching debility and depression of the vital powers, which is a natural tendency of the disease. It seems to me it would be a safer practice to employ measures to prevent these dangerous tendencies than those that certainly act in the same direction as the disease. Quinine is rapidly growing in favor with American physicians as a means of aborting the disease which they call a pneumonic fever instead of an inflammation.

While I admit the value of the remedy in some cases, those complicated with malarial poisoning, I cannot by any

means argue that it should be made a leading remedy in all cases, for, while it is antipyretic in large doses and may modify the febrile action, it does not control the inflammation. In my observation, if it fails to abort the disease, which it often does, it is apt to increase the engorgement of the lung, producing severe dyspnæa, constriction of the chest, pain, capillary bronchitis, and aggravates the cough by rendering the sputa more viscid and adhesive. It also increases rather than diminishes the amount of fibrine, which necessarily adds to the gravity of the disease.

As an antipyritic measure I should prefer the cold, wet sheet, which is advised by Prof. Flint and others. Still it should be used with much caution, as it may produce dangerous depression.

I will refer the reader to my article in the American Journal of the Medical Sciences, and the Journal of Transactions of the American Medical Association, of August, 1883. In this latter article a mortifying mistake appears in the caption, which I discovered too late for correction.

Dr. J. P. Thomas, of Kentucky, has had published two valuable articles on the ammonia method of treatment, in which he reports 226 cases treated with ammonia, with only three deaths.

In one of his articles he gives me credit as the originator of the ammonia plan of treatment. It will not be contended that this remedy had not been employed in pneumonitis before I suggested it, for carbonate of ammonia was prescribed by Cullen, Rush, Goode, Thomas Eberle, and all other medical writers, from their day down to the present time; but it was only given as a stimulant in the last stage of the disease, to save the patient from impending death, from extreme depression of the vital forces, exhaustion and debility. Later, Drs. Richardson and Flint strongly urged this medicine to prevent heart-clot, embolism and thrombosis in the latter stages of pneumonitis.

These distinguished medical writers discovered that owing to the highly fibrinous condition of the blood in pneu-

monitis, there was a constant tendency to the promotion of heart-clot towards the close of a severe attack. Also, emboli were often found obstructing free circulation of the blood in certain veins, which always proved dangerous complications. To prevent this they very wisely suggested carbonate of ammonia, which they well knew was the most powerful agent yet discovered to keep the blood fluid and break down fibrinous accumulations.

It may well be asked if the medicine is so efficient as a defibrinizer in the latter stages of the disease, would it not be equally so in the very beginning of the disease? I maintain that it is so, and this constitutes my only claim, though I adopted the ammonia treatment before I heard of the views of Drs. Richardson and Flint.

In a late edition of Dr. Flint's Practice of Medicine I found a statement in regard to climatic influence in producing pneumonitis which rather surprises me. He says that there is greatly more of the disease in southern climates than northern. From this opinion my observation compels me to dissent. A practice of twenty years in the southern States and still longer in the north, enables me to form conclusions from actual personal observation. In Vincennes, Indiana, and Boone County, Missouri, I found far more of pneumonitis, and in severer forms than in Mississippi and Louisiana And in Orange County, South Florida, where I practiced medicine last winter I did not see nor hear of a single case of the disease and I made careful inquiry for it among physicians.

And we all know that the disease prevails to a far greater extent in winter and spring than in summer and autumn. It is true the black race is more subject to the disease than the white, mostly for the reason that they are more exposed to cold, damp weather, and are not as well provided with warm clothing, good houses, and other sanitary advantages. But this is an argument in favor of cold being a fruitful cause of the disease and that it is a true inflammation of the lungs, and not a specific fever to be aborted with quinine.

TRANSACTIONS OF THE COLLEGE OF PHYSICIANS OF PHILADELPHIA.

Some Cases of Disturbance of the Normal Vaso-Motor Tonus.

BY EDWARD T. BRUEN,

Physician to the Philadelphia Hospital, and Assistant Physician to the University Hospital, etc.

[Read December 3, 1884.]

My object in this paper is to relate some examples of general anasarca due to vaso-motor lesion, and also some instances of acute pulmonary congestion and ædema due to the same cause. The cases given in detail have been selected because in each instance an autopsy was made.

In December, 1879, I reported before the Philadelphia County Medical Society some cases of general anasarca in subjects of malarial poisoning without lesion of the heart, kidneys, liver or blood. The absence of anæmia or special corpuscular changes in the blood, was established by the use of the hæmacytometer. The dropsy was attributed to depression of the vaso-motor tonus. The line of argument on which the diagnosis was established was by exclusion of all other causes of dropsy, and by an analysis of the experimental evidence bearing upon this topic.

Quoting from that paper: Experiments bearing on this subject were made in 1680 by Lower, who tied the venæ cavæ and found that ædema followed in the lower extremities, which he ascribed to the diminished absorption of intercellular fluid owing to venous congestion. Ranvier has proved that ædema depends not only upon diminished absorption, but also upon increased exudation from the vessels. To prove this he first tied the venæ cavæ in the abdomen of the dog, and found that ædema did not appear, for although there was undoubtedly repletion of the arterial system, yet the lymphatics were able to absorb the exudation without any assistance from the veins, and therefore no accumulation of fluid took place.

But if the sciatic nerve was cut on one side, intense edema occurred in the corresponding limb. Venous congestion was undoubtedly present in both legs for the venæ

cavæ had been ligated, but in one the nervous influence proceeding to the arteries through the sciatic nerve, kept them contracted, and prevented the exudation of more fluid than the lymphatics could absorb.

In the leg in which the nerve had been paralyzed by division, the vessels dilated, the limb became rosy and warm, and so much fluid was poured out that the lymphatics alone could not absorb it without the aid of the veins.

Ranvier further proved that this was due to the paralysis, not of motor, but of vaso-motor nerve-fibres which are contained in the sciatic. Because, after cutting in different animals motor and vaso-motor nerves in the lumbar region before they had united to form the sciatic nerve trunk, when the motor fibres were divided as they issue from the lumbar vertebræ before uniting with the sympathetic fibres, complete paralysis of the legs was produced, and no ædema occurred; but, if on the other hand, he divided the sympathetic fibres passing to the sacral plexus there was no motor paralysis, and ædema occurred.

We can, therefore, conclude that paralysis of the vaso-motor nerves is sometimes an important factor in the production of anasarca. But the production of anasarca in the instances already mentioned (viz., those in which there is no mechanical explanation or lesion of the blood-tissue) is probably also due in part to suspensions of the functions of the skin. The function of the skin is not alone dependent on the blood-supply of the skin, but is also under the control of the innervation of the nerves supplying the cutaneous glands.

Dr. Foster states that the skin of dogs and cats can be made to act, and sweating produced by stimulation of the sciatic nerve after clamping the aorta, and the same results he has obtained in the leg of the frog by stimulating the sciatic nerve after amputating the leg. The existence of secretory nerves and their special influence over the secretions of the skin, has also been affirmatively investigated by Dr. Isaac Ott, and G. B. Wood Field, in a series of origi-

nal experiments. Their article is entitled Sweat Centres, the effect of Muscarin and Atropin on them.

To sum up: in the anasarca following malaria, under the conditions already stated, we can as readily understand the action of the malarial poison upon the vaso-motor and spinal centres, as we can trace the impaired nutrition of those suffering from repeated malarial seizures, to a condition of the nervous system universally credited to the unfavorable action of the malarial poison upon it.

Since 1879, a number of cases of general anasarca have come under my notice, which I have ascribed to sudden depression of vaso-motor tonus (usually through malarial influences), but I have not had an opportunity of making an autopsy on any one of them. The following case of acute general anasarca, however, occurred under my observation in Dr. R. G. Curtin's ward in the Philadelphia Hospital, and through his courtesy, I have the privilege of reporting it.

Case 1st. - A well-nourished man, æt. 38, was admitted to the hospital October 15. Prior to October 8th he had been a healthy man, a driver on the street car by avocation. He had always been used to drinking spirits freely while on duty, to counteract the effects of exposure, but he had not been often drunk. However, after an unusual indulgence he was seized with ædema of the genitals which, within twenty-four hours, was followed by anasarca affecting the cellular tissues of the abdomen and loins, and finally the limbs became swollen. Associated with the ædema was rapid action of the heart with shortness of breath. On the day of his examination in the hospital the tissues already named were very much swollen, and there was the most profound functional disturbance of the circulation. The heart's action was over 220 as counted by both Dr. Curtin and myself. Withal, the facial appearance of the patient was that of robust health, and the cheeks bore a ruddy hue. The systole of the ventricle seemed normal in force, producing a distinct first sound, and a good impulse could be felt. The physical examination of the lungs revealed only the signs of moderate passive congestion; the liver was normal, and the condition of the urine entirely physiological as shown by repeated tests. After treatment

for two weeks a marked improvement was secured, the pulse fell to 120, the anasarca nearly disappeared, and entire convalescence was expected. One morning on rising from the bed the patient suddenly gasped for breath, and fell over on the bed, dead from asystole of the heart. A careful post-mortem revealed slight hypertrophy with dilatation of the heart, which weighed fourteen ounces. There was also a slight atheroma of the aorta. The lungs were somewhat congested; brain, on microscopic examination normal; and the kidneys natural. The liver was slightly cirrhotic, weighing sixty-one ounces. The above insignificant modifications in the tissues were credited to chronic effects of alcohol, and the case appears to me to illustrate vaso-motor dropsy, and to sustain the view that various influences as well as malarial are capable of producing vaso. motor paresis with anasarca.

When we review the history of cases of sudden pulmonary congestion and ædema due to or associated with vasomotor weakness, we find the best illustration in acute œdema of the lungs in subjects of chronic alcoholism. In these cases ædema may develop in a few hours, attributable to the effect of alcohol on the vaso-motor system.

Alcoholic pulmonary ædema differs from the secondary hydræmic ædema of Bright's disease, scorbutus, purpura, anæmia, etc.; because alcoholic subjects are not always anæmic. Alcoholic pulmonary ædema may exist independently of organic heart disease, or inflammatory processes in the lungs such as pneumonia, capillary bronchitis, miliary tuberculosis, etc. The cases I shall presently report represent pulmonary congestion and ædema from vaso-motor paresis analogous to cases of alcoholic pulmonary ædema, and similar to those cases which occur from deficient vascular tonus from pressure on the vagus or the pulmonary plexus.

Similar forms of ædema occur in acute general diseases, such as typhoid, typhus and scarlet fevers associated with feeble heart action. Pulmonary ædema from lowered vaso-motor tonus occurs in the aged or feeble, and is associated with catarrhal swelling of the bronchial mucous membrane.

The following cases of pulmonary congestion with ædema, however, occurred suddenly and in young, previously healthy persons, who were not directly subject to any of the above predisposing causes.

CASE II.—Emma E., æt. 38. Admitted to the Phila-Hospital, Oct. 9. Had been in good health up to within two or three days previous to admission. On examination she complained of dyspn\u03c3a, and fine crepitant r\u00e4les were heard all over the lower lobe of the left lung. On the 11th, the same variety of râles were heard over the lower right lobe, and had disappeared on the left side; no dullness over either side of the chest, and respiratory murmur harsh, but normal. No evidence of disease of heart, kidneys, or blood, nor of inflammatory disease of the lungs. Temperature 98° F. These physical signs continued until the 14th, unchanged, except that the râles grew more moist, and affected both lower lobes. On the night of the 14th, she was suddenly seized with intense dyspnæa and very quickly became livid and unconscious. Physical examination revealed intense pulmonary congestion and ædema.

The treatment instituted was hypodermic injection of

atropia, at first $\frac{1}{100}$ of a gr. and then $\frac{1}{50}$ of a gr., three injections being given; also two injections of $\frac{1}{50}$ gr. strychnia inside of six hours: together with these measures cardiac stimulants, digitalis, alcohol, and ammonia were freely used, with dry and wet cupping. These measures produced great relief, and in the course of twelve hours the patient was easier and conscious. The treatment by atropia and strychnia hypodermically injected, was continued by Dr. Jenkins t. d. during the 15th, and the cardiac stimulation several days. The congestion almost entirely disappeared, and we cherished the hope of an entire convalescence, when on the 19th she had a chill, the temperature rose to 103°, and within two days pneumonic consolidation of the right upper lobe ensued, which proved fatal. An autopsy revealed no lesions save the apex pneumonia in the second stage.

Case III.—Died in the Phila. Hospital, and the notes upon the case have been furnished me by Dr. Mary Farn-

ham, resident physician.

A. J., æt. 50, nurse, weight 150. Medium height, well nourished Habits at times intemperate. For three weeks suffered from slight bronchitis though quite able to attend to work. Oct. 24, 3 A. M. Patient had a severe chill ac-

companied by intense pain in the chest, left side, back and limbs. Chill lasted an hour. At 8 A. M. was bathed in perspiration, surface lived, breathing difficult and painful; dulness on both sides, fine moist rales heard over both lungs. No valvular heart disease, but heart beat feeble. Œdema increased from hour to hour, at 2 P. M. free pinky serous exudation began to ooze from the mouth, at 4 P. M. lost consciousness, and at 6 P. M. died cyanosed. On autopsy the only lesion discovered was intense congestion of the lungs.

In both these cases the history of previous alcoholic indulgence was supposed to be the predisposing cause of the vaso-motor lesion, although the patients did not enter the

hospital as subjects of alcoholism.

Case IV.—Occurred in the practice of Dr. Whelen. The patient was a respectable married woman who had been confined within two months of date of these symptoms. She was supposed to be in good health and attended to her domestic duties as usual on the day of her death. At 10:30 Dr. W. was called to see her, and found her livid, with intense orthopnæa, unable to lie down, and a physical examination showed extreme pulmonary congestion of both lungs with numerous rales. The patient expired at 12:30, within three hours of having been taken ill. Autopsy revealed only the signs of pulmonary congestion without a hint as to primary cause. I incline to think that in this case the neurility of the vaso-motor system had been reduced by lactation.

I pause at this point to observe that it is important to connect with the vaso-motor system instances of pulmonary congestion occurring in elderly persons with feeble hearts, but without sufficiently serious valvular disease, or degeneration of the heart to quite account for the symptoms. The treatment in these latter cases should be rather a general treatment by hygeine and tonics, than by directly treating the heart which may be only secondarily responsible.

Digitalis is not so useful as a cardiac stimulant, possibly because it affects the heart too positively before the vasomotor system is sufficiently acted upon. Indeed the vasomotor effect of digitalis may be absent when the action upon the cardiac muscle is decided. I allude to my observation of this clinical fact, because I am aware that re-

cently it has been asserted that digitalis possesses a predominant action upon the vaso-motor system. I desire, however, to recur again to this subject.

Naturally the vaso-motor derangement in Graves' disease suggests itself in this connection. The disease, as is well known, is characterized by the association of symptoms connected with the heart, thyroid gland, and eyeball.

The clinical fact which I desire to recall at this point is that the phenomena of Graves' disease illustrate the extreme susceptibility of the vaso-motor system to exciting causes since the typical features of the disease are markedly increased at the menstrual period or during sudden emotional excitement.

In the Philadelphia Hospital in the opposite bed to that occupied by the patient of Dr. Curtin already mentioned was a case of Graves' disease almost convalescent. The subject was so much excited by the unlooked-for death of his fellow patient that almost immediately the entire series of symptoms of thyroid enlargement, exophthalmos, and cardiac palpitation reappeared.

Finally, in the recital of these cases which form the basis of this paper, the object in view is to call attention to the importance of recognizing the vaso-motor agencies operative in disease, and to indicate a plausible explanation of certain cases of anasarca. And in addition to present certain cases of pulmonary congestien due to vaso-motor weakness in the absence of the usual causes of the same.

Treatment.—In the treatment of vaso-motor dropsy it must be remembered that absorption of fluid from the tissues, like its exudation into them, is probably greatly controlled by the central nervous system. Dr. Brunton cites the experiments of Goltz and Nasse, in which the former found that when fluid was injected under the skin of the back of a frog it was rapidly absorbed, so long as the brain and spinal cord were uninjured, but when these were destroyed little or no absorption took place.

Physiologically absorption is under the influence of nerve-centres, therefore stimulation of these centres will increase their physiological functions. Stimulation of a sensory nerve is capable of inducing contraction of the entire vaso-motor system, and Nasse has proved that similar irritation will increase absorption.

Strychnia, digitalis, ergot, iron and zinc are capable of special impression upon the vaso-motor system, and these drugs are the chief agents with which to combat vaso-motor forms of dropsy. Special diuretics may be used as adjuvants in grave cases, but never to the exclusion of the former.

In cases of vaso-motor paresis associated with cardiac palpitation, and other phenomena similar to those seen in Graves' disease, the use of the bromides should be condemned. When vaso-motor dropsy is extensive, agents which stimulate the functions of the skin may also be employed, and cardiac stimulants may be indispensible.

In the vaso-motor paresis associated with more or less pulmonary congestion and ædema, signal benefit has resulted from the liberal use of strychnia and atropia, by the mouth or by hypodermic injection, strychnia by its action as a respiratory stimulant aids in thoroughly oxygenating the blood, and thus promotes the efficiency of the circulation.

But it also acts not only on the dominant vaso-motor centre, but also on the vaso-motor centres distributed through the cord. These centres, to quote Lauder Brunton's words, are so feebly developed as not to heed ordinary stimulation, but can be aroused by the use of strychnia to lend their aid to increase the vascular tonus. This truth has also been proven by experiment, for after section of the spinal cord, which of course paralyses the vaso-motor centres, the blood pressure can be made to rise by irritation of a sensory nerve.

The combination of atropia with strychnia unites the action of two powerful remedies in urgent cases, and to-

gether with cupping these measures anticipate the slower action of digitalis.

Lastly, I desire to take this opportunity to observe that in cases of pulmonary congestion with degeneration of the heart, and vaso-motor weakness, with or without valvular disease, the association of strychnia with some pure cardiac stimulant such as alcohol is frequently superior to digitalis because this latter drug seems at times to produce an unfavorable effect. This unfavorable effect well established clinically is difficult to explain, except that the stimulant action upon the heart and pneumogastrics, slowing and steadying the heart, is not associated with corresponding vaso-motor stimulation, and the pulmonary repletion per-Again, in valvular heart disease the lesion may be so great that two powerful systoles tend to increase pulmonary congestion by forcing the blood in two directions. Thus, the expression that digitalis depresses the heart is sometimes used, and practically such patients are better off without this drug.

ABSTRACTS, EXTRACTS AND ANNOTATIONS.

A CRITICAL REVIEW OF PROGRESS IN MEDICINE, SURGERY, OBSTETRICS AND GYNECOLOGY FOR THE YEAR 1884 FROM THE BRITISH STANDPOINT.*

MEDICINE.

Production of Disease by Self-Infection.—Etiology of Phthisis.—Surgical Operations on Viscera: Removal of Tumor of Brain.—Application of Chemistry to Medicine. Anæsthetics.

As was once remarked by an eminent living pathologist, modern medicine is growing less and less inclined to rest satisfied with the study of morbid products, and tends to turn for help to the investigation of morbid processes. For a time, it seemed as though pathology was to develop only

^{[*}The remarkable events which mark the progress of the various departments of Medicine during the past year have been so ably and appreciatively summarized by the editors of the British Medical Journal that we have deemed it a duty to our subscribers to reprint these reviews in extenso, postponing to our next issue the publication of numerous Abstracts, Extracts and Annotations which had been prepared for this number.—Editors.]

in the direction of morbid anatomy; but the growth of modern chemistry and physiology, and the application of various precise methods to the investigation of clinical phenomena, have given rise to wider views. Not that the new life which has been infused is to be by any means attributed entirely to the influence of the younger school of physicians. In this country (Great Britain), Sir Andrew Clark has lent all the weight of his wide influence and large powers of expression to the support of the doctrine that the chief importance must be attributed to the dynamic changes which precede and determine structural alterations. The reaction from the old humoral pathology was, perhaps, carried too far, and was succeeded by an inclination to limit speculation and investigation to morbid anatomy, to the exclusion of pathology properly so called, upon which science the art of medicine properly rests. The views expressed by Sir Andrew Clark represent the extreme swing of the pendulum in the opposite direction; and, though they may not meet with very general acceptance, they yet afford an useful antidote to the too anatomical teachings of the not very remote past.

Production of Disease by Self-Infection.—In an elaborate paper in the Zeitschrift fur Klinische Medicin, Professor Senator has dealt with the important question of the autochthonous production of general diseases by self-infection by the products of abnormal processes within the In this paper, he has shown that the peculiar condition, described commonly after Kussmaul as diabetic coma, is not peculiar to diabetes; it is brought about by some chemical decomposition occurring within the body, and affecting the blood or other fluids. Its most distinctive symptom is dyspnæa, without obstruction of the air-pas-. sages or interference with the free movements of the chest. This symptom is sometimes exceedingly well developed towards the termination of cases of pernicious anæmia, itself a disease in which evidence of alteration of tissues is almost entirely wanting. The delirium or coma of the typhoid state is perhaps to be attributed to similar chemical changes in the blood. The drowsiness and coma in chronic cystitis, and most other toxic states, are to be traced to chemical decompositions occurring within the body, though not necessarily within the tissues or within the blood.

Etiology of Phthisis.—During the past year evidence has not been wanting that great diversity of opinion still exists as to the etiology of phthisis pulmonalis. At the

same time, the fact of the constant occurrence, in cases of the ordinary type of the disease, of the bacillus described by Koch, has been firmly established, and must now be universally recognized. The diversity of opinion is to be met with rather in the varying importance attached to the part taken by the bacillus in the production of the disease and its lesions. Dr. Douglass Powell's thoughtful address before the Section of Medicine at the annual meeting of the British Medical Association at Belfast, probably represented very correctly the view held by those who look at phthisis from the clinical aspect. Accepting the facts of experimental pathology, but disregarding those crude theories which some have founded on them, he showed how the infective doctrine explained how the lesions of phthisis tended to be inveterate, why they were infective, and how, under a combination of peculiar circumstances, they might even become contagious. But, beyond this, we have to recognize the existence, not only of a predisposition largely hereditary in its nature, but also the general occurrence of a pretubercular stage of phthisis corresponding with the catarrhal stage of Niemever. Lastly, it must also be admitted that, in the words of Addison, quoted by Dr. Powell, "inflammation constitutes the great instrument of destruction in every form of phthisis." The confirmation afforded by the discovery of Koch to the infective theory of the nature of tuberculosis, is apparently calculated to be of greater use to the administrator than to the physician. In the management of prisons, asylums, and orphanages, the possible infective nature of phthisis can never be lost sight of.

Surgical Operations on Viscera: Removal of Tumor from Brain.—As our knowledge of the diseases of the viscera increases, as diagnosis becomes more acurate, and prognosis more far-reaching, so does the field of surgery slowly increase. Certain diseases of the abdomen have long passed under the control of the surgeon, and now we may confidently add the operation of nephrectomy to those triumphs of modern surgery which have done so much to alleviate human suffering, and to prove the reality of the progress of medicine; for, while we give all honor to the daring and skillful surgeon who brings to a successful issue operations on the abdominal organs, it must not be forgotten that to the physician belongs the honor of having made such triumphs possible. Diagnosis must be brought to a very high state of perfection before the opera-

tor can be invited to apply the crucial test. Within the last few weeks we have been able to chronicle an invasion of a region hitherto sacred from the surgeon's hand. doctrine of the localization of motor centres in the cerebral cortex, though it has received striking support from observations in the dead-house, and though it has been attended by a great increase in the precision of diagnosis of the locality of lesions of the brain, has received its first application to the relief of disease at the hands of Mr. R. J. Godlee, who has operated on a patient suffering from tumor cerebri; the growth was a glioma, and its situation in the upper part of the fissure of Rolando, had been accurately diagnosed by Dr. Hughes Bennett. The case is of great interest and importance. The patient recovered for a time from the effects of the operation, and the fits ceased; although hemiphlegic, he appeared to be for some days in a better condition than before the operation; he has since, however, died. It is, however, much too soon to form any trustworthy opinion with regard to the exact value of the operation; and the publication of the case, with elaborate comments, and the expression of sanguine hopes for the future of the patient, in a daily paper, can only be regarded as an unfortunate indiscretion. The general public has doubtless a right to know, and an interest in knowing, when medicine triumphs over disease; but as yet this cannot be said with regard to tumor of the brain; nobody knows at present whether glioma is or is not malignant; Virchow thinks that it is not, others believe that it is; but such opinions are merely conjectures. The operation was fully justifiable, whatever its ultimate consequences, for the patient had given him a chance of life, and of life in a condition, not indeed of health, but of much physical comfort and usefulness; as it happened, it at least diminished suffering. It is not too much to say that this case marks an epoch in the history of medicine, and seems to demonstrate once more that the danger attending operative interference with the brain has been exaggerated, just as, a generation ago, the danger of interfering with the peritoneum was exaggerated.

Application of Chemistry to Medicine.—One of the tendencies of the medicine of the day appears to be towards giving increased attention to the chemical questions which arise during the investigation of pathological problems. It is felt that a more minute and systematic investigation of the changes produced by diseases in the tissues and excretions

may afford an insight into the dynamics of pathology, which will be a valuable adjunct to the mass of knowledge accumulated by the study of morbid anatomy. The great obstacle to advance in this direction has been the enormous labor required to carry out even the simplest research; we have ceased to be satisfied by mere qualitative analysis. The systematic quantitative analysis of urine in various diseases requires not only some skill in chemical methods, but an unusual amount of industry. The busy practitioner finds it practically impossible to make use of complicated and delicate chemical processes. There is a great need for the elaboration of simple quantitative methods. Dr. George Johnson, in a lecture published in this Journal a year ago, described a simple aparatus for estimating the quantity of sugar in urine by means of the color produced on boiling the urine with potash and picric acid. He claims for the method that it is as delicate as the potasso-cupric method, and more trustworthy, as it is not affected by uric acid or urates, which reduce the oxide of copper. The importance of the invention of the picro-saccharimeter is, no doubt, lessened by the fact that, in the potasso-cupric method, and in the fermentation-method, we possessed the means of arriving, with a moderate expenditure of time and trouble, at an accurate estimate. A simple quantitative test for albumen in urine is, however, much wanted. Dr. Henry Veale's paper on Esbach's method for estimating the quantity of albumen in urine, published on May 10th, has served to draw renewed attention to this important subject; and it may not be too much to hope that it may be found to be a really useful working method; it is simple, requires very little time for its application, and, according to Dr. Veale's report, gives fairly accurate results.

Anæsthetics.—Two new departures in the matter of anæsthetics have been made during the past year. One—the proposal to produce general anæsthesia by pumping ether-vapor into the rectum—has probably already almost reached the limbo of forgotten eccentricities: but the other—the introduction by Dr. Karl Koller, of Vienna, of cocaine as a local anæsthetic for mucous surfaces—appears to be an important event. The general opinion of ophthalmic surgeons so far as it has yet found expression, is strongly in favor of the general use of cocaine for all operations involving the mucous membrane or cornea, and especially to facilitate the removal of foreign bodies which have become imbedded in the cornea. The new drug has

also been of use, when used in a strong solution, when applied to the nasal passages before operation, to the larynx in tubercular disease, and to a carious and tender tooth before stopping.—British Medical Journal.

THE PHYSICAL DIAGNOSIS OF PULMONARY PHTHISIS.

In a recent clinical lecture delivered before the class of Bellevue Hospital, and published in the American Practitioner, Dr. Austin Flint presented seven cases illustrating various stages in the phthisical process. For the sake of convenience he arranges cases of phthisis in four groups:

First. Those in which the phthisical affection is small

in amount.

Second. Those in which the phthisical affection is moderate.

Third. Those in which it is considerable or great.

Fourth. Those advanced to excavation.

The lecturer presented cases to illustrate each one of these

groups.

In the first group the following will be the association of signs and symptoms: Cough, at first slight and dry, afterwards more troublesome and attended by expectoration, progressively increasing with the cough, the sputum assuming the character of that of ordinary bronchitis; frequent (not in all cases) hæmoptysis; impairment of muscular strength and loss of weight; more or less pyrexia; increased heartaction; chills, occasionally; perspiration without fever, increased respiratory frequency out of proportion to heartaction; occasional "stich-pains" referred to upper part of chest; dullness on percussion at lung summit, bronchovesicular respiration, or great feebleness of the murmur, increased vocal resonance; certain accessory signs, which may be present or absent, as subcrepitant râles, even, perhaps, a true crepitant râle, a circumscribed pleuritic friction sound, abnormal transmissions of heart-sounds in infraclavicular space; lastly the lecturer attached great importance to the presence in sputa of the bacillus tuberculosis. Since 1882, he had had frequent and numerous microscopical examinations made of the sputa of his patients. As a result of this experience, which had been large, he had been led to place more and more reliance upon "this characteristic diagnostic test." He would be able to recite not a few cases in which the history, symptoms, and physical signs

failed to enable him to make the diagnosis, but which he called phthisis because the bacillus was found, and which

the subsequent history proved to be phthisis.

The lecturer showed other cases of more advanced disease, and took occasion to insist upon the distinction between bronchial respiration and the cavernous, which in England and France is not fully recognized, and in Germany is ignored altogether. The characteristics which he carefully pointed out in a prize-esay more than thirty years ago, are as follows: An inspiratory sound non-tubular and low in pitch; the expiratory sound non-tubular and of lower pitch than the inspiratory. Whereas in the bronchial respiration both sounds are high-pitched and tubular. He thinks the time must come "when the distinctive characters of the cavernous respiration will be universally recognized.

The lecturer also drew a distinction between increased vocal resonance and bronchophony. The first may be found over a cavity, but if bronchophony is heard over a cavity the characters of the voice are derived not from the cavity, but from the adjacent solidified lung. The characters of bronchophony are "concentration, nearness to the ear and a high pitch," whereas increased vocal resonance is simply an exaggeration in intensity of the normal resonance the

characteristics of bronchophony being absent.

The lecturer insisted also upon self-limitation, in some few cases, of the phthisical process, and presented patients to show how with considerable destruction of the lung tissue, life was occasionally very materially prolonged. To use his language, "in conformity with the parasitic doctrine, the internal local conditions for the multiplication of bacilli are diminished, and the generations of the parasite diminish in proportion, or die out."

THE DANGER OF FEVER HEAT.

The Deutche Medizinal-Zeitung publishes an address delivered by Professor Nothnagel before the Society of Physicians, of Vienna, the subject of which is so important that we transcribe (from a translation by the New York Medical Journal) a few of the sentences. Speaking of the needless alarm felt by physicians at the presence of a moderately high temperature, Nothangel says: "I would not neglect this opportunity of lifting up my voice in this place

against the (I can give it no other name) abuse, which has

prevailed almost universally in practice, of wishing to treat fever a tout prix. If the physician is called to a patient who fell ill yesterday, and to-day has a temperature of 38.5° C. [101° F.], or 38.7° [101.6°]—a positive diagnosis cannot be made, since no certain local affection is yet to be discovered—his treatment consists in ordering quinine or some other antipyretic. In order not to do any harm, a small dose is prescribed, but, at any rate, quinine is given, with the idea that the fever must be opposed. I am firmly convinced and hope that this false and erroneous use of quinine, which is at present the fashion, will after a time disappear. I need not remark that, as quinine is administered in a majority of cases, it is perfectly useless for the lowering of the temperature. One, two, three, five decigrammes—even a gramme, when distributed over the twenty-four hours—has no effect; on the contrary, actual harm is done. * * * * According to my conviction, with which many other investigators agree, fever, in a very large number of cases, belongs to the most beneficial influences, to those phenomena and processes of reaction which we may regard as compensatory. What role these compensatory processes play we know not. Temperature which exceeds 40° C. [104 F.] must, however, be energetically controlled, but temperatures of 39 [102.2 F.] do not require such vigorous treatment, especially in diseases which run a brief course. In short, it may be said that a temperature which does not exceed 40° C. [104° F.] does not injure the patient."-Medical Age, Jan. 10.

THALLIN THE NEW ANTIPYRETIC.

The list of antipyretics has received the principal share of the additions to the materia medica during the past year. Kairine and antipyrine, the chief of these, have excited considerable attention, and have found considerable favor, and now we have still another candidate for a position on the list—thallin—It is a synthetic production, somewhat accidentally discovered by Dr. Von Jaksch, of Vienna, who recently introduced it to the notice of the Society of Physicians of that city. Chemically, thallin is tetrahydroparachinanisol, and we find it difficult to restrain our enthusiasm for the man who gave it forth under its disyllabic synonym. Life is too short, and the danger of sub-maxillary dislocation is too great, to permit the dis-

creet man to employ the chemical name, except on state occasions.

Dr. Von Jæsch maintains that thallin is an antipyretic, pure and simple, in which respect it differs from quinine, salicylic acid, etc., which combine other properties which it is sometimes desirable to avoid. In 86 cases, including pneumonia, typhoid fever, erysipelas, measles, etc., in which he employed it, it reduced the temperature with certainty and without any disagreeable or other effects which attend the employment of other antipyretics referred to. In no case had it any effect on the course of the disease, being purely a remedy that reduces temperature. The dose is from four to twelve grains, which is sufficient to keep the temperature down for several hours.—Medical Age, January 10.

SURGERY.

The Brain.—Lungs and Pleura.—Abdomen.—Thyroid Gland.—Larynx and Trachea.—Operations on Nerves.—Blood-vessels.—Diseases of Joints.—Radical Cure of Hernia.—The Urinary Organs.—The Rectum.

The records of surgical work during 1884 show that steady and satisfactory advance has been made in almost every branch. The most striking points in this recent progress are, on the one hand, a more correct judgment of the claims of certain bold and heroic operations that have been practised in late years; and, on the other hand, a still further extended application of operative surgery to regions and organs hitherto regarded as being solely in the province of the physician.

The Brain.—The most striking and novel of contributions made during the year on what might be called visceral surgery are some from American surgeons on operative interference with the contents of the cranium in cases of disease and of injury. Dr. Fenger and Dr. Lee, of Chicago, have suggested the possibility of cerebral abscess being successfully treated on the same principles as an abscess in any other part of the body, and have reported a case in which a suppurating cavity in the brain was opened, washed out, and drained, with good results. According to Dr. Amidon, the brain is an organ tolerant of injury, and ready

to take on reparative process; and medical men, it is stated, may now gain knowledge enabling them to tell when certain parts of this organ are diseased, and also anatomical data by the aid of which they can pierce the cranium and reach such diseased parts. The proposition of this surgeon, that a growing and medically incurable cerebral tumour might, as such growths are usually single and cause death by pressure, be treated by operation, has indeed been carried into practice by Mr. Godlee, who, on November 25th, removed a glioma of the size of a walnut from the substance of the brain of a patient under the care of Dr. Hughes Bennett. Early in the year, an interesting case was published in which M. Demons of Bordeaux had, ten months after the date of an injury to the head, trephined with good results, over the fissure of Rolando on the right side, for the relief of intense and frequently repeated epileptiform convulsions, associated after a time with left hemiplegia.

The Lung and Pleura,—Attention has been directed in this country to pneumotomy, or incision of disorganized lung, with removal of pus and dead tissue, and drainage of the cavity. On May 27th, two cases were reported to the Royal Medical and Chirurgical Society, one by Dr. Cayley and Mr. Gould of gangrene of the lung, the other by Dr. Biss, of a pus-secreting basic cavity, in which, after the seat of disease had been reached by the trocar, pus was removed and drainage established. This treatment was attended with complete success in the first instance; and in the case of more severe and advanced disease published by Dr. Biss, undoubtedly gave much relief. Mr. Pridgin Teale also has recorded a case of abscess of the lung cured by incision and drainage; and, early in the year, an interesting case was published, in which Dr. Drinkwater of Sunderland had successfully treated a gangrenous cavity in the upper lobe of the left lung by making an opening in the chest-wall, and excising a part of the third rib, and by removing a mass of disorganized and pulpy lung-tissue. In March, Krönlein of Zurich put on record a case in which, during removal of a recurrent sarcoma from the front of the chest, he excised, without any subsequent detriment to the patient, portions both of pleura and of lung-tissue. In a communication to the British Medical Journal of June 7th, Sir Spencer Wells gave a sketch of some remarkable experiments upon extirpation of the lungs of animals by Dr. Biondi, of Naples, who, "whilst admitting that the

cases of phthisis where the disease is limited to one lung, or to part of one lung, must be rare, still contends that men of experience do occasionally meet with cases where the operation might save a phthisical patient from death."

Estlander's operation of partial resection of one or more ribs in cases of persistent pleural fistula after empyema, seems to be in some favour with French surgeons. This procedure was the subject of a recent discussion at the Société de Chirurgie, of Paris, and of late has been discussed by Dr. Charles Monod in a valuable contribution to the *Progres Medical*.

The Abdomen.—In passing to abdominal surgery, we find, with regard to laparotomy, that, whilst its indications have increased in number, and its utility has become more extended, it is now much less frequently performed with a view to the removal of cancerous disease of the stomach or pylorus. The following are some of the most important cases of operation on the abdomioal viscera that have been recorded during the year: one of duodenostomy performed by Mr. Southam of Manchester, for the relief of symptoms due to a dense fibrous stricture of the pylorus; one of laparotomy and excision of a simple duodenal ulcer, performed by Schede; and another case, under the same surgeon, in which a portion of small intestine, about eight inches in length, was removed for cancer. Kocher has published a remarkable case of gun-shot wound of the stomach, in which the opening, situated on the anterior wall of the organ, was exposed by abdominal section, and closed by sutures. The patient—a lad, aged 14—made a good recovery. On the subject of gunshot-wounds of the abdomen, an important paper has recently been published by Professor Parkes, of Chicago, who, by the results of an extensive series of experiments on animals, has been led to advocate abdominal section in instances of such injuries to the small intestines; since hæmorrhage is very often so severe in these cases, that it cannot otherwise be safely controlled, and extravasation of the contents of the bowel is as certain as the existence of the wound. Billroth, it has been stated, has lately performed with success complete removal of the pancreas for carcinoma, and also of a large splenic tumour, together with a portion of the pancreas. In the British Medical Journal of April 19th, Sir Spencer Wells published a case of successful removal of two large fibro-lipomata that had apparently originated in the circumrenal connective tissue on both sides. Nephrectomy has recently been performed with success in France by Le Dentu in a case of urinary fistula in the left groin. Although much experience of this operation has been gained by English surgeons, there is still a difference of opinion as to whether lumbar or the anterior abdominal incision should be practised. This probably will long remain a subject of discussion, although even now, notwithstanding Mr. Knowsley Thornton's able advocacy of the latter procedure, a large majority of those who have had experience in renal surgery are decidedly in favour of the posterior incision.

As instances of the zealous and active work that has of late been applied to abdominal surgery and the direct treatment of intestinal lesions, we would refer to a paper by Schramm, of Cracow, on laparotomy for intestinal occlusion, dealing instructively with the diagnosis of the different forms of obstruction, and presenting an analysis of 190 cases of operation; to a report by Mr. Makins in the British Medical Fournal of August 30th, of a case of artificial anus treated successfully by resection of the small intestine; to a study by Duménil, of Rouen, of colotomy as applied in the treatment of vesico-intestinal fistula, and a contribution on lumbar colotomy by Madelung, of Rostock, who suggests, as a modification of this operation when performed for cancer of the rectum, complete division of the gut and closing by sutures of the peripheral orifice.

In October, an important paper on cholecystotomy was: published by Dr. Musser and Professor Keen, of Philadel-phia. In this is presented a full and clear statement, based on an analysis of thirty-five collected cases, of the results of the operation, its indications, the mode of its performance, and the import with regard to operative interference of the several morbid conditions that are symptomatic of

biliary obstruction.

Thyroid Gland.—Since the publication in 1883 of Kocher's important paper on thyroidectomy, much attention has been directed to this subject, and to the condition of so-called cachexia strumipriva, which, in the experience of Kocher and Reverdin, frequently follows this operation. In his opening address at Belfast, before the Section of Surgery, Sir William Mac Cormac recorded a case of successful removal of a large goitre without any bad results, and referred to the views of Semon on the identity of the cretinoid condition described by Kocher with the affection

termed mixædema. With the aim of settling the disputed question of the relation of this condition to removal of the thyroid gland, series of experiments on animals have been performed by Zesas, Schiff, and Horsley. According to the two first-named observers, thyroidectomy in animals is soon followed by a general morbid condition, the chief signs of which are somnolency, unsteady gait, muscular tremors, and convulsions. Zesas holds that removal of the thyroid gland is not a justifiable surgical operation, since the regulation of the cerebral circulation is one of the physiological functions of this body.

The Larynx and Trachea.—The latest records of operation on the larnyx are very unfavorable, and seem to lead to the conclusion that total removal of this organ is hardly a justifiable proceeding. Mr. T. Holmes published a fatal case in the Journal of October 25th, and the operation has been performed with a like bad result in each instance by Mr. Jordan Lloyd, of Birmingham, and Dr. McLeod, of Calcutta. Zesas has lately published a table of no fewer than seventy instances in which the larynx was removed by Billroth, in which it is shown that twenty-eight patients died in the first fortnight, and seventeen before the end of the year; and that in twelve of the surviving patients the disease, which in most of the cases was carcinoma, had recurred. Partial excision of the larvnx seems to be a much less serious operation, and, in the opinion of Hahn, of Berlin, is to be preferred to total extirpation, even in cases of cancer, when the disease does not involve more than one side of the organ. Relapse, it is stated does not occur more frequently after partial than after complete removal for cancerous disease, the functional disturbance after the former proceeding is much less, and the patient, in most instances, is able to dispense with the use of the canula.

The long-established rule in practical surgery, that the trachea should be promptly opened in every case of foreign body in the air-passages, has of late been questioned by Dr. Weist, of Richmond, U. S. This surgeon, basing his views on the results of an analysis of one thousand collected cases, holds that the simple presence of a foreign body in the larynx, trachea, or bronchi, does not necessitate tracheotomy or laryngotomy, and that, when the body does not cause any dangerous symptoms, no cutting operation should be performed. Voltolini, of Breslau, in a recent paper on this subject, expresses a doubt whether trache-

otomy should be performed when it is known that the foreign body is lodged in a bronchus. In May Dr. Taylor and Mr. Golding-Bird brought under the notice of the Clinical Society an interesting case of removal, by laryngotomy, of a large piece of bone that had been impacted in the larynx during four months.

Operations on Nerves.—Several instances have been recorded of successful operations on nerve-trunks for the relief of neuralgia, Mr. Walsham has exposed and stretched branches of the fifth nerve for the cure of epileptiform neuralgia, and in one case removed Meckel's ganglion. Von Lesser, of Leipzig, published, early in the year, a remarkable case of intercostal neuralgia and mastodynia, treated successfully by stretching of several intercostal nerves. The last volume of the Medico-Chirurgical Transactions contains a communication from Mr. Chavasse, of Birmingham, on two cases of neurectomy of the second division of the fitth nerve; and in March, Mr. Arthur Durham reported to the Clinical Society a case of so-called frontal or supra-orbital neuralgia following injury, and successfully treated by trephining the skull, after failure of other methods of treatment. On the subject of nerve-suture, useful contributions have been published by Weissenstein, in the reports of the surgical practice of Professor Bruns, at Tübingen, and by Chaput in the Archives Generales de Medicine of August and September. The last mentioned writer asserts that the operation is completely successful in sixty-six per cent. of cases, and that primary and secondary suture give almost equally favorable results.

Blood-vessels.—Very little, if any, progress has been made during the year in the branch of surgery dealing with the diseases and injuries of the blood-vessels. The more important additions to the literature of this subject consist mainly in some few clinical records, with comments of rare forms of aneurism. Mr. G. R. Turner, Surgeon to the Seamen's Hospital, has added to the Transactions of the Clinical Society a case of wound of the plantar arch, and also an able and useful paper on traumatic aneurism of the gluteal artery. An instance of traumatic aneurism of the vertebral artery has been recorded by Dr. Weir, of New York, and one of arterio-venous aneurism of the common carotid artery and internal jugular vein by Dr. Stimson, of the same city. Professor Tiffany, of the University of Maryland, in a paper read before the American

Surgical Association in April, published a case of ligature of the common femoral artery for aneurism, and asserted that this operation was unjustifiable in cases of distal arterial wound, but might be practised in the treatment of aneurism and of elephantiasis of the lower limb. The recently published volume of the Medico-Chirurgical Transactions contains a paper read by Mr. R. W. Parker, at the end of 1883, on a case of spontaneous inguinal aneurism in a boy, aged 12 years, with a table of all other recorded cases of aneurism in persons under 20 years of age. Another addition to the number of fatal cases of double distal ligature for innominate aneurism has been made by Mr. Bennett May, of Birmingham. Von Wahl, of Dorpat, in writing on arterial wounds and traumatic aneurysm, has lately advocated prompt interference in every case of wound of a large artery, in accordance with his opinion that Guthrie's law, that no operation should be performed on a wounded artery unless it bleeds, has for the future lost its validity.

Diseases of Foints.—The discussion at the Clinical Society on joint-affections in connection with locomotor ataxy, though of much importance from the eminence of most of the speakers, does not, so far as it has gone, seem to have definitely settled any one of the difficult questions connected with the so-called Charcot's disease. The discussion, however, and the number of cases and specimens shown at each meeting, could not fail to excite further interest, and to increase the number of observers; and Mr. Morrant Baker in his paper, has laid down certain lines of future inquiry which seem likely to lead to more satisfactory knowledge of this rare and obscure arthropathy. Notwithstanding Mr. Barwell's clear statement of the distinctions, in typical cases, in the anatomical and clinical characters of Charcot's disease on the one hand, and of chronic rheumatic arthritis on the other, powerful support was given to the view that the former is not an entirely separate disease, but as Sir James Paget believes it to be possible, is a method of rheumatic arthritis influenced by the presence of locomotor ataxy.

Of the very few contributions that have been made in 1884 on the treatment of diseased bone and joints, the most novel is one by Mr. Treves, on the direct treatment of psoas abscess with caries of the spine. This treatment, which was advocated at a meeting of the Royal Medical and Chirurgical Society, is applicable only in cases of dis-

ease involving the lumbar vertebræ, and consists in cutting down upon the anterior surfaces of these bones through an incision made in the loin. Loose portions of diseased bone, Mr. Treves states, can be removed where such exist; and in one of the illustrative cases a large sequestrum, involving a great part of the body of the first lumbar vertebra, had been removed. This procedure is likely to prove a valuable one, not, indeed, as effecting any radical cure of spinal caries, but rather in fulfilling the indication of laying open the psoas abscess near the primary seat of the disease, and affording the most direct route for the discharge of pus.

Radical Cure of Hernia.—In the latest attempts to effect by operation the radical cure of hernia, the "invagination" method has been neglected in favor of procedures aiming either at obliteration of the whole sac or simply at direct closing of its neck. A portion of Sir William Mac Cormac's surgical address at the meeting of the Association at Belfast, was devoted to this subject, and several cases were recorded therein of successful excision of the sac. Professor Stokes advocates an operation consisting in the insertion through the incised neck of the sac, near to the external ring, of one or more catgut sutures, and the subsequent approximation of the pillars of the ring by sutures of stronger and more durable material. Mr. Barton, of Dublin, cuts down on the neck of the sac, and brings the pillars of the ring together by strong silver wire, which he allows to remain. Torsion of the sac is recommended by Mr. Ball, of Dublin, who, in a paper read before the Section of Surgery at Belfast, gave details of a case in which, after having exposed the neck of a large scrotal tumour, and separated it from the cord, he twisted this portion of the neck with some force.

Urinary Organs.—The most important of recent contribution on the subject of urinary surgery is undoubtedly the course of lectures delivered at the Royal College of Surgeons by Sir Henry Thompson. In the recently published volume of this course will be found a lucid statement of the advance that has lately been made in the diagnosis and treatment of vesical tumours, and a forcible advocacy of the claims of internal urethrotomy in the treatment of stricture.

The Rectum.—On the subject of the operative treatment of malignant disease of the rectum, now the chief point of interest in connection with the surgery of this region, an

important discussion took place at the last International Medical Congress, in which extirpation was strongly advocated by Esmarch and Volkmann, and as strongly opposed by representative French surgeons.

Books on Surgery.—During the year, new editions of the principal text-books on Surgery in use in this country have appeared. Mr. Erichsen's treatise on the Science and Art of Surgery has reached an eighth edition, in which the work has, with the aid of Mr. Marcus Beck, been brought well up to the level of modern surgical practice. Mr. Holmes' Principles and Practice of Surgery, and Mr. Bryant's Practice of Surgery, have each reached a fourth edition. Among other useful works in this department may be mentioned, a second edition of Mr. C. B. Keetley's Index of Surgery; a second part of Mr. F. A. Southam's Regional Surgery; the fourth volume of Dr. Ashhurst's International Encyclopædia of Surgery; and Mr. Walter Pye's Surgical Handicraft.

OBSTETRICS AND GYNÆCOLOGY.

Antiseptics in Midwifery.—Obtetrics Papers of the Annual Meeting of the British Association.—Recent Publications, etc.—Operative Midwifery.—Extra-Uterine Pregnancy.—Ovariotomy.

Antiseptics in Midwifery.—During the past twelve months, the subject of antiseptic midwifery has been actively engaging the attention of all obstetricians who are, at the present moment, practically occupied in the lying-in hospitals. Since the endeavor was first made to control, if not to stamp out, the ravages of puerperal fever in lyingin hospitals, we have seen a large number of antiseptics pass in review. Condy's fluid, iodine, iodoform, sulphurous acid, and others, were all tried, but did not justify the claims set forth on their behalf by their originators and advocates. Carbolic acid, however, held its own, and has proved itself for some years a most trustworthy and easily managed agent against sepsis in the puerperal woman. A revival of an old and almost forgotten antiseptic has, however, lately been seen in corrosive sublimate. Professor Tarnier has been using this drug in the proportion of I in

2,000 as a vaginal injection, and as a solution for disinfecting hands, etc. In Germany it has also been used for the same purpose, but two deaths from mercurial poisoning after intra-uterine injections have been recorded in the Centralblatt fur Gynakologie. Altogether, it is not likely that the sublimate will displace the phenol as an antiseptic.

Papers at the Annual Meeting of the British Association.— At the meeting of the British Medical Association, Dr. Godson drew, in his presidential address, attention to the disabilities under which the gynæcologists in the general hospitals are placed, and pointed out the advantages enjoyed by those obstetricians who were attached to the special hospitals. Mr. Lawson Tait introduced a discussion on the pathology and treatment of extra-uterine fætation, a subject to which we shall presently revert. A paper was read by Mr. R. Richardson on a new method of treating post partum hæmhorrhage. The drug recommended by Mr. Richardson was iron-alum. This he has used in the form of crystals tied up in a piece of muslin, leaving the ends of the string outside the vulva, so as to be readily removed the next day. The advantages claimed by Mr. Richardson for the iron-alum as a styptic in post partum hæmorrhage are, that it does not require any apparatus for its use, and that it is sufficient to place and leave the bag of crystals in the vagina close to the os uteri. It further, he says, excites immediate contraction of the uterus. iron-alum be found, on further trial, to justify the above statements, we shall be in possession of a new and valuable. styptic agent. An interesting paper on the expression of the placenta was read by Mr. W. J. Smyly, of Dublin.

Recent Publications, etc.—During the year, a new edition of Playfair's Midwifery has appeared. The first volume of a System of Obstetric Medicine and Surgery, by Drs. Robert and Fancourt Barnes, has been published. Dr. Barbour, of Edinburg, has just published a most valuable and interesting monograph on the Relation of Spinal Deformity and Obstetrics. The work is elaborately got up, and illustrated with several large colored plates. A seventh edition of Cazeaux and Tarnier's evergreen work on Obstetrics has recently been published in an English form, under the editorial ægis of Dr. Robert J. Hess. Setting aside the value of the excellent teachings of such authorities as Cazeaux and Tarnier, the volume is of special inter-

est to English readers who wish a full and complete history of French midwifery.

Operative Midwifery .- Professor A. R. Simpson has given an erudite and succinct history of the subject of embryulcia from the Hippocratic writings down to the last instruments, his own basilyst and Tarnier's basitribe. This valuable memoir has been published during the past month. Dr. Godson also showed a new four-bladed perforator at the meeting of the Association at Belfast. It is thus seen that sacrificial midwifery has by no means been put on one side of late.

Extra-uterine Pregnancy.—A notable feature in the history of gynæcology is the progress which has been made within the last twelvementh in the scientific and clinical knowledge of extra-uterine pregnancy, and in its surgery and therapeutics. It is chiefly to Professor Freund and Mr. Lawson Tait that we owe the most recent additions to our acquaintance with this important question. of papers by the former surgeon, translated by Dr. David Smart, were published in the Edinburg Medical Fournal in the course of the autumn of 1883, concluding in the December number of that periodical, so that the matter which they contained was ready and serviceable for the year 1884. From Professor Freund's researches we gather the following important conclusions: Extra-uterine pregnancy occurs more frequently than surgeons and obstetricians were, till recently, accustomed to believe, and cases often end abortively in the early stages without symptoms. A tertilized ovum may develope from any side within the abdominal or pelvic cavities upon which it may happen, through some abnormal cause, to fall, the allantois having a specific power of developing a placenta upon the structures with which it comes into contact. When the placenta forms upon the serous coat of the intestines, the rapid formation of new vessels in the walls of the gut tends to cause localized enteritis; hence, when extra-uterine pregnancy is suspended, the advent of acute intestinal catarrh and colicky pains will denote, according to Professor Freund, abdominal gestation with attachment of the placenta to intestine. If, in such cases, the embryo should die, it will undergo putrid injections from germs which readily may pass into its tissues from the diseased bowel by means of the thinwalled placental vessels. Freund firmly believes in the possibility of ovarian gestation, and declares that he has

had cases of this variety in his own practice. It must be here observed that, even in dissected specimens of alleged ovarian pregnancy, there are sources of fallacy that may prove stumbling blocks to the sceptical. Freund considers that the mortality following early rupture of extra-uterine cysts is not nearly so high as is generally believed. He is of opinion that the storm in most cases quiets itself, and apparently the worst cases recover; he also favors destruction of the fœtus by puncture of the sac, and believes that laparotomy is contraindicated, although he admits that a bold surgeon may be justified in operating. Mr. Tait differs both theoretically and practically from these conclusions; he considers that the risk of rupture of the sac and fatal hæmorrhage is very great in the early stages of extrauterine pregnancy, and that operation is a duty when rupture is diagnosed. In the course of this year, we published a contribution wherein that surgeon described five cases of extra-uterine pregnancy operated upon, at the time of the rupture, by the author; in the four that recovered, the tube and its sac were removed. It cannot be denied that the above named contribution is a most remarkable record of surgical boldness and dexterity. In the latter stages of extra-uterine gestation, if the fœtus has died and peritonitis set in, Professor Freund is in favor of treating the symptoms, and then operating as in circumscribed exudation, that is, he would open, evacuate, and drain. If the child be living, or if it be dead, and symptoms of general infection set in, he is in favor of laparotomy. In this operation, he particularly advocates the shutting off of the peritoneum from the cavity of the gestation-sac; the careful emptying of the sac, disturbance of the placenta being carefully avoided; and lastly, he lays stress on the necessity of thorough disinfection of the interior of the sac, with the membranes and placenta that are left behind.

In a paper on the pathology and treatment of extra-uterine pregnancy, read in the Section of Obstetric Medicine at the Belfast meeting of the Association, Mr. Tait enunciated opinions still further at variance with those of Professor Freund. He strenuously denied the possibility of ovarian, interstitial, or true, that is, primarily abdominal pregnancy. He maintained Ritchie's theory, that the uterus is the seat of fertilization of ova, and added that tubal pregnancy, the only primary form of extra-uterine pregnancy in which he believed, arose from some morbid condition of the Fallopian tube, which allowed spermutozoa to enter

them, contrary to rule. In tubal pregnancy, Mr. Tait pointed out, the chances were that the placenta would lie on the inner wall of the sac, where it pointed upwards, forward, or backwards into the cavity of the peritoneum. Should rupture occur, there was little chance that fatal hæmorrhage could be averted; but, should the bleeding cease, the ovum might develop in the abdomen, though he doubted that recovery from the hæmorrhage ever took place. If, however, the placenta should lie in that part of the sac which presented downwards, in the direction of a broad ligament, then, when rupture occurred, the blood would meet with great resistance between the folds of that ligament, so that the patient might recover, and the fœtus might escape into the folds and develop there. We have said enough to show that the year 1884 will be memorable in the records of extra-uterine fœtation.

Ovariotomy.—The dispute between the Listerian ovariot mists and their opponents remains almost as it was two years ago, prominent members of the rival factions continuing to display remarkable tables of successful results, with much uncertainty about the causes of death in their few The suggestions of Sir Joseph Lister, in his fatal cases, paper read during the course of the past autumn at the Medical Society, have not as yet been brought into practice, and carbolic acid is still the sheet anchor of the antiseptic ovariotomist. Sir Spencer Wells, in his address on the revival of ovariotomy, and its influence on modern surgery, delivered at the opening of the Midland Medical Society at Birmingham last November, and published in the Journal, pointed with pride to that "extension of the whole domain of peritoneal surgery," as Sir J. Paget once observed, which had followed the establishment of ovariotomy as a legitimate operation. During the past year brilliant examples of that extention of peritoneal surgery have attracted the attention of the profession; these, however, are beyond the limits of gynæcological surgery to which they owe their establishment.

Intrauterine Medication.—At the close of an introduction to a discussion in the section of obstetric medicine at the fifty-second annual meeting of the British Medical Association, Dr. Lombe Atthill drew the following conclusions:

I. Carbolic acid, in the proportion of one part of spirit to two of the acid, is the safest and most generally useful of all the agents employed.

- 2. Carbolic acid should always be applied by means of a probe, round the point of which a layer of cotton is rolled, the cotton being carried up to the fundus at least twice on each occasion that the applications are made, which should be on every third or fourth day, till marked improvement takes place.
- 3. Carbolic acid should never be injected into the uterus, except when combined with iodine, in the form known as iodized phenol.
- 4. In many cases, iodized phenol may with advantage be applied by means of a probe.
- 5. In cases in which metrorrhagia or profuse menstruation occurs, depending on an unhealthy condition of the intrauterine mucous membrane, the cavity being dilated and the uterus enlarged, from half a drachm to a drachm of iodized phenol may be injected with great advantage.
- 6. In cases in which epithelioma attacks the mucous membrane of the cavity, the injection of iodized phenol promises better results than any other treatment.
- 7. The success likely to follow the injection of iodized phenol renders the dilatation of the uterus, the use of the curette, and the subsequent application of fuming nitric acid, less frequently necessary than has been the case hitherto.
- 8. The injection of iodized phenol requires to be carried out with so much care, that it should never be injected except by means of a syringe which will not contain more than one drachm.
- 9. The use of the fuming nitric acid should be limited, as a rule, to those cases in which dilatation has been practised, and it should always be applied through a tube, inserted into the cervix uteri for the purpose of protecting the sides of that canal from the action of the acid.
- To. The pain produced by the application of any medical agent to the intrauterine cavity does not bear any relation to the activity of that agent, but is due to one of two causes—either to hyperæsthesia, or to narrowness of the cervical canal, especialy of the os internum.

THE NEW ORLEANS MEDICAL AND SURGICAL JOURNAL.

PUBLISHED MONTHLY.

ommunications relating to medicine are invited from every source. Matters of more than ordinary importance are occurring daily to country physicians, brief reports of which this Journal would be glad to get.

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EDITORIAL.

THE NEW HEALTH BILL BEFORE CONGRESS.

At the recent conference of State Boards of Health, held at Washington, D. C., a bill was prepared and submitted thereto, which, meeting with the unanimous endorsement of said conference, was presented to Congress with the request for its adoption.

The bill, while being amendatory to the act of March 3d, 1879, possesses so many distinctive features that its passage will result in an entire and radical change in the National Board of Health as it has existed for the past six years, creating a new Board under a new plan of organization. This feature, which makes the Board constituted of one member from each State Board of Health, is the strongest in its text, and one which alone should recommend its passage.

A Federal Board of Health, so constituted, cannot but prove of immense and incalculable benefit to the country at large, and particularly to those States exposed to the possible introduction of infectious diseases through their ports of entry.

While we do not propose to enter into a discussion of the different sections of the bill in detail, it appears to us by far the least objectionable of the several bills which have either been suggested or presented to the National Legislature. In fact, after carefully reading it over, we must confess that we find in it nothing objectionable whatsoever or no reason why it should not meet with the approval of all fair-minded and unprejudiced sanitarians who have at heart the sanitary welfare of the United States.

It is a question which appears to us to be beyond dispute that the country needs something of this kind, that is to to say, a bureau or organization of some sort for the purpose of making and directing inquiry into the causes of diseases, and the best method of their prevention, and for the purpose of controlling, as far as possible, by aiding State and Local Boards of Health, the introduction of foreign pestilence.

The question of the introduction of disease into this country is not a sectional or local one, but is essentially a question requiring the attention of the general government; the States of Tennessee, Kentucky and Illinois are as much interested in the danger of introduction of yellow fever through the ports of the Atlantic seaboard or the Gulf of Mexico as are the States of Louisiana and Mississippi in the danger to be apprehended from the introduction of small-pox or cholera through New York or Port Huron. And for this reason it is well and wise that there should be national legislation upon this question in which the whole country is deeply interested.

While arbitrary legislation, or the conferring of extraordinary, or too extensive powers upon a health bureau or a Federal Board of Health would undoubtedly, and very justly, militate against the support and acquiescence of State and local authorities, at the same time we stand sorely in need of governmental coöperation in the cause of sanitation and this bill, by clearly defining the duties of the contemplated Board, and confining them to investigation of diseases and their prevention, and to coöperation with, and in aid of State and local boards precludes any interference on the part of said board with the much talked of and jealously guarded "States rights."

As long as each individual seaport or state has its own peculiar regulations without regard to a uniform system of quarantine, just so long will there exist bickerings and fears, and unwarrantable and panicky interference with travel and traffic; but, with a uniform system of well digested and enlightened regulations on the part of the agency of the general government—such regulations based upon the sanitary status of the present day and which can without hesitation or objection be concurred in by all states and local boards of health—the vexed and troublesome question of interstate intercourse will be set at rest, and during the prevalence of epidemic disease, communication and traffic with and through contiguous states will be conducted with as little obstruction as is compatible with safety.

We are not of those who believe or pretend to believe that a national board of health, particularly one constituted as contemplated in the bill under consideration, would exercise discrimination against certain ports to their commercial detriment in favor of others, or that its powers would be used for any other purpose than for the general welfare, a danger far less to be feared from an organization so constituted—a representative organization—than from a health bureau with an autocrat at its head, or the Treasury Department through its Marine Hospital service, or in other words through one man-the Surgeon General of said service. It is much easier, it appears to us, for a single individual to be influenced by large corporations or political party interest, than thirty-six coming from every section of the country and whose only aim must and would be the protection of the public health. Favoritism or political or party preferences with their inevitable consequences of chicanery, scheming and too often seeking after self-glorification regardless of the proper interests of those the most concerned, cannot too carefully be guarded against.

That we need, as has been stated, such an organization as the one contemplated, cannot but be admitted, and that, with a National Board of Health so constituted, and properly laying out its course of labor, according to the most enlightened information of to-day, the deaths from pre-

ventible diseases would be materially lessened, and the danger of the introduction of foreign pestilence diminished, if not entirely overcome, is beyond a doubt.

The Board of Health of the State of Louisiana has, with a slight modification in the text of one section of the bill, unanimously endorsedit, and requested our representatives in Congress to favor its passage, and it is to be hoped that, for the benefit and protection and material welfare of the whole people, the bill will become a law.

MEETING OF STATE MEDICAL SOCIETY.

The time for the annual meeting of the Louisiana State Medical Society is fast approaching.

The society meets in this city on April 21st next, and the committee of arrangements is already at work preparing for the reception of the members from other parts of the State.

It is earnestly to be hoped that the coming gathering will be an improvement upon that held in Baton Rouge last May, where but a small percentage of the active members of the society were brought together, and the number of papers read did not exceed four or five; and that although some of the questions which it was the object of the meeting to discuss, were of the greatest importance to every physician living within the State. Indeed, a singular lethargy seems to possess the physicians of Louisiana upon the subject of medical coöperation and organization. While the rolls of membership of other State societies are fairly crowded, but few of our physicians have subscribed their names upon the books of our society. And yet, nowhere is this concert of action among physicians more needed than just here.

We live in a sparsely settled country, opportunities of meeting representative men of our profession are rare, and time wears us into slovenry for lack of the quickening triction of mind against mind. Under these circumstances it becomes almost the duty of every medical man in the State to avail himself of the advantages of this society.

Let every practitioner who is already a member of the society, resolve to be at our coming meeting; let every physician who is not a member, no longer delay enrolling himself among us; let each man come bringing his manuscript parcel of observations, opinions, or queries; let him come with the determination of boldly speaking his convictions on all matters under discussion, and we cannot but have an interesting and profitable meeting.

Our distinguished President has spared no effort to render our next session a successful one, and every inducement is offered to the same end. Railroad rates are low; the great Exposition will be at its best; and the American Medical Association will begin its session as ours closes, on April 28th. Members of the profession in Louisiana will be enabled to revive old friendships and cement new ones with illustrious physicians from every part of the country, and will enjoy the privilege of seing and hearing the officers and veterans of the grand army of which they form a corps.

Remember too, that the eyes of these men, and many others, will be upon us, and it behooves us to see that our ranks are full and our arms bright.

Truly we will deserve the name of laggards, and a generous love of our profession must be dying to an ember within us if we fail to respond to this emphatic call

THE THERAPEUTICS OF CHOLERA AS VIEWED BY PROFESSOR SEMMOLA, OF NAPLES.

Dr. M. Semmola, the eminent clinician of the Neapolitan Faculty of Medicine, has very recently contributed to the French Academy the results of his clinical and experimental researches on the cholera epidemic, which prevailed so disastrously last summer in the Italian Peninsula, and particularly in the city of Naples.

The great respect in which the views of this distinguished observer are held throughout the medical world—a respect justly due him for the great scientific work he has accomplished in other fields of investigation; for his great talent and untiring zeal in promoting the higher interests of medical science in his own country, owing to which he is now acknowledged one of the foremost leaders of the advanced school of Italian medicine—justifies the prominent notice which we here give to his conclusions, and merits the attentive consideration of our readers, not only on account of the competence of the author, but also of the authority which must attach to one who has enjoyed such exceptional and unrivaled facilities for observing this most important disease.

Semmola has embodied the results of his researches in a number of conclusions which summarize a study of over 6,000 cases of Cholera as it prevailed in Naples. It would be impossible for us in the limited space at our command, to dwell upon the details of his researches. We will therefore only touch upon the more sallient features of his paper as presented in the partial report which appeared in the Bulletin General de Therapeutique for December 15, 1884.

Mr. Semmola first discusses the germicidal or "etiological" treatment of cholera, and in regard to it, he is very clear and emphatic. "Even if we admit the germ origin of this disease," says our author, "as formulated by Koch—whose conclusions I regard as being far from final,—I would still be convinced that this theory can never serve as a basis for a rational and scientific treatment of cholera." In fact, after numerous experiments conducted on a very large scale in Naples, he has no hesitation in affirming that germicidal medication is not, and never will be serviceable as an abortive or curative treatment for this disease. And this, he believes, can be made plain by the following reasons:

a. Because the most potent germicide, at present known to science cannot be introduced into the intestinal tract in

the porportion requisite to destroy the bacilli, and yet remain harmless to the patient;

b. Because even if a germicidal agent should be discovered that could destroy the germs in the intestines, the death of the bacilli would only constitute but a very small part of the treatment; for the grave and truly malignant phenomena of cholera are unquestionably due to a chemical principle (ptomäine) which poisons the nervous centers, and this chemical product begins to form in the intestines even when the preliminary diarrhea has commenced. What Semmola emphatically sustains is, that all germicidal methods of treatment thus far advocated represent nothing more than a species of scientific charlatanism, the result of a blind enthusiasm based upon badly conducted or erroneously interpreted experiments which, in reality, are meaningless and prove nothing. "Many flatter themselves that they have cured cases of cholera by antiseptic interference simply because they have succeeded with this method in cases of precursory diarrhœa (cholerine) which gets well with almost any species of medication, provided always, that the precepts of hygiene are rigorously followed. How quickly would the exultation of such enthusiasts collapse if faced by the array of individuals who have perished in the full violence of an uncontrolled attack while large volumes of the so-called "germicidal-enteroclysmata" were being poured with prodigal liberality into the bowels!"

In another conclusion, Semmola says: "The specific for cholera—the quinia for cholera, so to say, has not been discovered, and I very much fear that it will never be found by a premeditated study, i. e. through the laboratory.

Consequently, as there is against cholera neither a specific or etiological medication, there are left to the practioner only two available ways of combating this malady, and they are the *symptomatic* and the *physiological* treatments.

Whenever the practitioner adopts the symptomatic treatment he proposes to attack each symptom of the disease

pari passu with its development by the administration of remedial agents, which are experimentally known to exercise a controlling influence over the symptoms manifested, thus, it there is looseness of the bowels, astringents, if prostration, stimulants, etc., this species of treatment whenever followed with caution, and without expecting too much of it, is often followed by favorable results. But the danger is great when the attendant, on seeing the persistance or aggravation of a sympton, which he is anxious to control at all hazards, double's his blows by employing violent and profoundly perturbing drugs. Then indeed the physician becomes the enemy of his client, as his efforts only tend to increase the latter's danger. A symptom under these circumstances is not a condition to be dealt with as in ordinary cases, for in these cholera patients the recognizable perturbation is the effect of chemical intoxication, against which the medicine employed is powerless. And if the organism does, as a result of its inherents forces, recover from the collapse of the disease it will often happen that the physiological effects of ingested but unabsorbed drugs begins to manifest itself suddenly and in such a fashion as to imperil the safety of the patient by thwarting the salutary reaction of nature.

Not finding the symptomatic treatment a safe one on account of its unreliable and at times violently perturbing character through the cummulative effects of the drugs which at first remain inert in the body, on account of arrested absorption, and only manifest their effects at a time when they are not wanted, Dr. Semmola concludes by adopting the physiological treatment.

By "physiological," he designates that method of therapeusis, which, chiefly acting without the assistance of powerfully perturbing remedies, tends only to increase in all available ways the resistance of the organism to the progressive invasion of the choleraic poison. The application of this mode of treatment is very simple as it consists much more in the strict observance of certain dietetic and hygi-

enic rules than in the display of the poly-pharmacal resources which distinguish the recommandations of other observers. It can be summarized in the following propositions:

First.—Absolute functional rest of the afflicted organs, i. e. stomach and intestines, by enjoining complete abstinence from food—liquid or solud—from the first moment diarrhæal discharges show themselves.

The author believes that the supreme importance of following this precept has not been sufficiently appreciated by those who have been called to treat the early manifestations of the disease. The patient must fast or otherwise run the risk of perishing in a full and malignant explosion of the disease. A simple cup of broth, he is sure, has more than once started a fatal attack of cholera which in all probability, could have been avoided.

The same rule should be strictly and rigorously followed when patients are seen in the stage of reaction. "My personal experience," says S., "and that of all the members of the heroic Sanitary Corps of the white cross, of which I had the honor to be chief, attest to the fact that sometimes the simple ingestion of five or six teaspoonfuls of beef-tea administered prematurely sufficed to hurl many who were recovering, back into the most dangerous stages of the disease (collapse, etc.). "Milk in very small doses is certainly the preferable aliment when it becomes safe to feed the patient."

Second.—Means should be employed to restore the weakening powers of the organism by measures which are almost purely physiological, and the most potent of these is the warm water bath. The hot bath should be applied opportunely as otherwise it is a useless measure. The temperature of this should range from 38° to 40° C. (100½ 104 F.). The secret of the marvelous success which often follows the general immersion in warm water of cholera patients, depends altogether upon the time when the baths are applied. The favorable moment when to apply the hot bath is in the first stage of the disease, that is before the symptoms of collapse have shown themselves, for it must be remembered that the warm bath can no more restore heat to the cutaneous surface of an algid cholera patient, than it can to a cadaver. The hot bath must, therefore, be applied early in the disease, when it can act through reflex stimulus upon the cutaneous surface, if we are to expect its beneficial results, which as already stated, are at times marvelous.

Semmola advises the warm bath even in the treatment of the precursory diarrhea. He says: "I have seen hundreds of patients who suffered from diarrhea, which proved daily more obstinate to treatment, and who were rapidly developing the symptoms of cholera, and certainly would have fallen victims to its ravages, completely relieved and restored by simple immersion into warm water."

Third.—Opium and its preparations are powerful adjuvants to the simple measures above indicated, but opium should be administered not as a physiological antidote to the cholera poison, but as a means of increasing the resisting powers of the organism. And this action, aside from the anhydrotic effect it has upon the intestinal mucous membrane, is most beneficial in the early stages of the malady, when absorption has not been arrested and the drug can exercise its stupyfing powers over the nervous centers, thus preparing them by diminishing their excitability, to resist the toxic effect of the morbid principles absorbed by the intestines. Its employment, with this purpose in mind. would resemble the process of curarization, which is resorted to by the practical physiologist prior to the administration of strychnia in a lower animal in order to prevent the development of the tetanic phenomena, characteristic of poisoning by the latter drug.

Fourth.—In the stage of reaction, and only when absorption has been re-established, then the symptomatic treatment, as generally understood, can be safely resorted to, if cau-

tiously followed, to meet the various indications that arise; the strictest adherance to the ditetic rule previously emphasized, being a matter of the most vital importance, in order to avoid a relapse.

NINTH INTERNATIONAL MEDICAL CONGRESS.

The general plan for the Ninth International Congress to be held in the United States in 1887, has been announced. "The Congress will be composed of members of the regular medical profession who shall have inscribed their names on the register of the Congress, and shall have taken out their tickets of admission, As regards foreign members, the above conditions are the only ones which it seems, at present, expedient to impose."

"The American members of the Congress shall be appointed by the American Medical Association, by regularly organized State and local medical societies, and also by such general organizations relating to special departments and purposes as the American Academy of Medicine, the American Surgical Association, American Gynæcological Society etc., each of the foregoing societies being entitled to appoint one delegate for every ten of their membership."

All societies entitled to representation should elect their delegates at their last regular meeting before the meeting of the Congress, and furnish to the Secretary-General a a certified list of the same.

The work of the Congress will be conducted by eighteen sections representing the principal specialties into which the profession is now divided. Those purposing to read papers must send notices and abstracts of the same to the Secretary of the appropriate section before April 30th 1887. No communication will be received which has been already published, or read before a society. After reading a paper it becomes at once the property of the Congress, and will be published or not in the Transactions as the Executive Committee see fit. Speakers will be allowed ten minutes;

readers of papers and those who introduce debates, twenty minutes. The recent Congress at Copenhagen was well attended, harmonious and profitable; let us hope that the American meeting will not be wanting in like particulars. The excellent officers elected give assurance of this, and the following list is one which every American physician may regard with confidence and pride.

OFFICERS:

President .- Dr. Austin Flint Sr., New York.

Vice-Presidents.—Dr. Alfred Stillé, Philadelphia; Dr. Henry J. Bowditch, Boston; Dr. R. P. Howard, Montreal, Canada.

Secretary-General.—Dr. J. S. Billings, U. S. Army. Treasurer.—Dr. J. M. Browne, U. S. Navy.

Members of the Executive Committee (in addition to the President, Secretary-General, and Treasurer).—Dr. I. Minis Hays, Philadelphia; Dr. A. Jacoby, New York; Dr. Christopher Johnston, Baltimore; Dr. C. S. Busey, Washington.

DOES THE BACILLUS TUBERCULOSIS ACT SIMPLY AS A MECHANICAL IRITANT?

"Does the bacillus tuberculosis act simply as a mechanical iritant, as maintained by Formad, of Philidelphia? and may it be replaced by other non-living mechanical irritants, as he claims to have demonstrated? or does the pathogenic power of the bacillus depend upon specific physiological characters peculiar to it?"

These questions, which involve the great problems of the day, in connection with the infectiousness of tuberculosis are the subjects of a very highly interesting communication, the outcome of a very carefully conducted experimental research, which Dr. George M. Sternberg contributes to the January number of the American Journal of the Medical Sciences.

It is doubtless known to most of our readers that since Koch made his memorable announcement in 1882, Dr.

Formad, the eminent pathologist, of Philadelphia, has repeatedly and emphatically declared that he is able to produce tuberculosis in rabbits, and in other animals, by injecting into the cavity of the abdomen finely powdered inorganic material—such as glass, or ultamarine blue. This statement, coming from a pathologist of Dr. Formad's reputation has had great weight with Dr. Sternberg, who being still in doubt with reference to this important point, determined to repeat Dr. Formad's experiments with such precautions as would insure the exclusion to tubercle bacilli and thus render it certain, if a positive result was obtained, that it was due solely to the inorganic particles introduced, and not to accidental contammination of the material injected.

In order that the experiments might be conducted in strict accordance with Dr. Formad's procedure, and "that in case of a negative result, the criticism might not be made that they were not properly done, and that a different mode of operating would have insured a different result," Dr. Formad was invited to assist in making the experiment, and did personally supervise the work.

An amount of finely powdered glass and ultramarine blue considerably exceeding a drachm was used by Dr. Formad. Though this large amount of irritating material was introduced into the delicate peritoneal cavity of the rabbits experimented upon, the inflammation which did occur was of a conservative and chronic kind, and, with two or three exceptions, the animals continued in apparent good health up to the time when they were killed, and were then found in good condition. This immunity from violent inflamatory reaction is ascribed by Dr. Sternberg to the perfect sterilization of the materials employed, which prevented the occurrence of septic complications—complications which Dr. Formad apparently did not altogether avoid in his previous experiments through neglect of antiseptic precautions.

We will not dwell upon the details of the method by which Dr. Sternberg secured the perfect sterilization of the material used in the injections, or on his method of injecting, which materially differed from Dr. Formad's usual procedure in so much that it guarded more effectually against the admission of atmospheric germs—an improvement which Dr. Formad himself admitted to be especially advantageous.

The investigation was partially carried out in the Biological laboratory of Johns Hopkins University; and partially at the country residence of Dr. Councilman, the Pathologist who assisted Dr. Sternberg in the inquiry. It was at the latter's residence that the fifteen rabbits specially designed for this investigation were kept in order that all possibility of laboratory-infection should be avoided.

"The experiment was made on the 17th of June, and on the morning of that day—four rabbits were injected in the laboratory, two with ultramarine blue and two with glass. In the afternoon, eight of the fifteen rabbits in the country were injected, four with blue and four with glass, the remaining seven being kept as *temoins*."

The rabbits injected at the laboratory were intended to test the question whether association with tuberculous animals would make a difference in the result, and a few days later other rabbits injected with sputum, containing the tubercle bacillus, were placed in the adjoining compartment, which was only separated from that in which they were kept by a coarse wire screen.

The time fixed by Dr. Formad at the outset for terminating the experiment, was two months, at the expiration of which time he was again invited to assist at the post mortem examination of the remaining rabbits. All of the rabbits from the country were brought to the laboratory in Baltimore on the appointed day and two were killed and carefully examined. One of them had been injected with blue pigment and one with glass. Both were well nourished and the injected material was found encapsuled in the cavity of the abdomen in great abundance. As the rabbits presented no evidence whatever of tuberculosis, those still remaining were, at Dr. Formad's suggestion, kept for an-

other month. At the same time another rabbit which had been inoculated subcutaneously with tuberculous sputum, ten days after the experiment with inorganic material, was killed and found to have typical tuberculosis of the lungs, the presence of Koch's bacillus being readily demonstrated by Erlich's method, in the tuberculous nodules and caseous glands.

One month later the remaining rabbits injected with glass and blue on the 17th of June, were killed and carefully examined. They were all well nourished, and none of them presented any evidence of tuberculosis, the lungs and liver being normal in appearance. In the meantime, two other rabbits which had been inoculated with tuburculous sputum on the 27th of June were killed and found to have unmistakable evidences of tuberculosis, the bacillus being easily demonstrated in each instance.

Without attempting to discuss Dr. Sternberg's experiments which we believe are the most scientific and certainly most satisfactory that have yet been presented, to test the value of inorganic substances as pathogenic factor in the experimental production of tuberculosis, we must still consider the matter *sub-judice* for two reasons principally, viz;

- 1. That the experiments above narrated are perhaps too small in number to outweigh the large mass of evidence which can be gathered in the history of tuberculosis (vide the experiments of Cruveilhier, Vines, Erdt, Panum, Lebert, Wyss, Renault, Bouney, and other later investigators) to prove that inorganic and non-tuberculous materials are capable of producing tuberculosis; even when we admit that many of these observers did not guard against laboratory-infection and permitted their injecting material to be contaminated with tubercle-bacilli.
- 2. That the failure to produce tuberculosis in eight or twelve rabbits by injecting their peritoneum with sterilized inorganic material cannot be accepted as finally demonstrative of the invulnerability of these animals to non-tuberculous or inorganic matter in view of the evi-

dence of respectable authorities, such as Pidoux and Paul, Bernhardt, and others, who testify to the fact that eveu inoculations with pure tuberculous matter (sputum, scrapings from pulmonary cavities, tubercles) are at times incapable of producing tuberculosis in these usually inoculable animals. Paul and Pidoux claim "to have inoculated six (6) rabbits with the sputa and contents of cavities of phthisical cavities (vide Spina's History of Tuberculosis) and in only one of these did they find any evidence of infection and that but a single cheesy nodule of the size of a pea in the lung."

It must be admitted, however, by all unprejudiced observers, that experiments such as those performed by Dr. Sternberg, if again repeated with the care and scientific accuracy which has rendered these so satisfactory, cannot fail to demolish the barriers which the most cautious conservatism can oppose to them.

The Quarterly Epitome of American Practical Medicine and Surgery (Part II, December), pays this delicate compliment to Dr. John B. Roberts' apropos of his book, Surgical Delusions and follies: "This little book contains a series of papers. * * * They are the work of a bold, independent writer, and are interesting and trite."(!) Dr. Roberts will, doubtless, appreciate this.

Reviews and BOOK-Notices.

Surgery of the Urinary Organs. By Sir Henry Thompson, F. R. C. S., etc. Philadelphia: P. Blakiston, Son & Co. New Orleans: Armand Hawkins, 196½ Canal street. Price, \$1.25.

This volume comprises a series of six lectures, delivered in the Royal College of Surgeons, London, and devoted to the discussion of the following subjects:

1. The treatment of strictures of the urethra by internal urethrotomy.

- 2. The systematic diagnosis of urinary disease—Digital exploration of the bladder and its results.
 - 3. Tumors of the bladder.
- 4. Impaired vesical function; its various forms and consequences.
- 5. The progress of operative surgery for stone during the present century, with the most recent improvements in lithotrity.
- 6. The results attained by lithotomy and lithotrity in Great Britain, during the present century; with an analysis of more than 800 cases by the author, presented therewith.

The author of this volume is the most renowned of Englishmen in this special surgery, and any work from his pen may be regarded as authoritative. An experience of twenty-five years of active service, during which the clinical history of every case observed was carefully recorded, surely entitles the author's opinions to much respect. Abstracts of all the lectures of this volume have recently appeared in the Section on Surgery of this *Journal*, forestalling the necessity of a critical bibliographical review, which, otherwise, the merits of the work would demand. These lectures, now published in book form, are the latest utterances of an experienced specialist, and may be accepted as opinions of the highest authority.

A. B. M.

Atlas of Female Pelvic Anatomy. By D. Berry Hart, M. D., F. R. C. P. E. D. Appleton & Co., New York. Armand Hawkins, New Orleans. Price \$15.

Dr. Hart has given us a splendid work and has fully come up to the expectations which his former publications on gynæcology justified.

The different branches of medicine and surgery have developed so rapidly that a practitioner is bound to have works of reference which will save him from the necessity of making those researches which he has neither time nor opportunity to undertake. Such is the present atlas. The plates are excellent and the text is so concise as to contain

a great deal of information in a minimum amount of space, and still be full enough for all purposes. Of course we do not believe anatomy of any kind should be learned altogether from books, but a book with which to jog the memory occasionally is a very valuable addition to one's library. Besides, much of Dr. Hart's atlas contains information that cannot be obtained except with the unusual advantages enjoyed by the author.

The work contains both the gross and minute anatomy of the pelvis in health and disease. We have dissections of the perineum, pelvis and pelvic peritoneum, together with numbers of sections of the frozen cadaver in different direction illustrating the relation of organs both in health and disease. We are glad to see that this work is not, as others often are, a mere picture gallery with the names of the different parts printed on the opposite page. On the contrary the plates serve to illustrate the text fully as much as the text explains the plates. The publishers deserve great credit for the manner in which they have brought out the work.

Manual of Chemistry. A Guide to Lectures and Laboratory Work for Beginners. A Text-book especially for students of Pharmacy and Medicine. By W. Simon, Ph. D., M. D., Prof. of Chemistry and Texicology in the College of Physicians and Surgeons, etc. 400 pp. Philadelphia: H. C. Lea's Sons & Co.

The number of text-books on chemistry is already so large that it would seem that every branch of the subject, or every industry connected with it, had its exponent; and every newcomer in the field of chemical literature is challenged as to its right to exist, and wherein it surpasses its predecessors. Dr. Simon's work is not an exhaustive one; its professed object, its adaptation for students of medicine and pharmacy, confines it to the general consideration of chemical laws and combinations, and of the practical application of chemistry to pharmacy.

In Part I. the author touches lightly upon the subject of Physics. Naturally, only those physical phenomena that have a bearing upon chemical processes should be discussed, and their discussion would form but a small part of a work; but our author's chapter is quite meagre. In Part II. the principles of chemistry are set forth. The author speaks in plain terms and succeeds in making this chapter interesting. Parts III. and IV. contain the chemistry of the elements. Not all of them are discussed; some of the rarest are entirely ignored, as the author considers them to be of no practical importance, and does not wish to burden the student's mind with facts that he would never utilize, and perhaps not even remember. Any one desiring a complete work on chemistry must look elsewhere for it. Part V., the analytical section, is of real practical value to the student. Full directions in proceeding with an analysis, accompanied with numerous tables, are given. This part closes with a section on the detection of impurities. Part VI. is a brief but clear exposition of the principles of organic chemistry. Part VII., physiological chemistry and examination of the urine, closes the work.

Throughout the whole work, completeness is conspicuously absent, although there is more in it than most students remember. One novel feature, however, is worthy of special notice: the plates showing the colors of the various reactions. The beginner is always puzzled about the different shades, and names do not always convey good impressions to the student; but these colored plates reproduce the exact shade of the reactions, and must give him accurate ideas of the tests.

A. McS.

Surgical Delusions and Follies. By John B. Roberts, A. M., M. D., Professor of Anatomy and Surgery in the Philadelphia Polyclinic, etc., Philadelphia. P. Blakiston, Son & Company. New Orleans; Armand Hawkins, 192½ Canal street.

This little book of fifty-two pages comprises an Address to the Medical Society of the State of Pennsylvania, re-

vised with clippings from the author's writings in the Polyclinic. The writer undeceives us in regard to some of our cherished traditions, and very frankly tells us of some of our every surgical follies.

He condemns chloroform and recommends ether; says that styptics in surgical operations are unscientific and deleterious; advocates exploratory incision in injuries of the head, with probable existence of depressed fracture, and explanatory trephining in all cases of depressed fracture, in which there is the possible existence of spiculation of the inner table; favors early herniotomy, early incision in acute abscess, and especially urges early operative precedure in malignant tumors. The author claims that traumatic tetanus is not necessarily fatal, and suggests, as the best anti-tetanic treatment, chloral hydrate in amounts ranging from one hundred to two hundred grains a day.

He exposes the folly of giving ether, like chloroform, with much fresh air; using second-hand sponges, instead of napkins—Japanese paper napkins; occluding wounds with adhesive plaster, so as to prevent drainage; administering medicines in insufficient doses, instead of prescribing them for their medicinal effect, etc.

He is always a kind friend who tells us of our follies.

This little book will be appreciated, and is strongly recommended.

A. B. M.

- A Treatise on Physiology and Hygiene, for Educational Institutions and General Readers. By Jas. D. Hutchinson, M. D., L. L. D. Illustrated. New York: Clark & Maynard. 320 pp.
- Anatomy, Physiology and Hygiene; a Manual for the use of Schools, Colleges and General Readers. By Jerome Walker, M. D. Illustrated. New York: A. Lovell & Co. 416 pp.

Dr. Hutchinson in his little work describes in plain terms the chief organs of the body, their functions and the way to preserve them in perfect health. In the anatomical descriptions, he avoids the extremes of telling too much for the students to remember, and too little to make his subject comprehensible. The work, though designed more especially for use in schools, would nevertheless be of great service to the general reader, on account of the valuable practical hints relating to hygiene, poisons and emergencies.

Dr. Walker's work is somewhat larger than the above. It has the same scope, and its matter is arranged similarly to that in Dr. H.'s book. The chapter on "Emergencies" is fuller, and the work may be said to be adapted to a higher grade of scholars.

They are both good works, completely fulfilling the objects for which they were written. They merit the consideration of the managers of educational institutions.

A. McS.

The Ear: Its Anatomy, Physiology, and Diseases. A Practical Treatise for the use of Medical Students and Practitioners. By Chas. H. Burnett, A. M., M. D., etc. Second Edition, revised and rewritten. Philadelphia: Henry C. Lea's Son & Co. 1884. New Orleans: Armand Hawkins, 196 ½ Canal street. Price \$4.75.

We are glad after many years use of the first, to welcome the second edition of this excellent text-book to our shelves. To those who are unacquainted with it we may say that it is admirably described in its title. The first 138 pages are devoted to a lucid account of the anatomy, histology, and physiology of this most complex organ. The cuts which accompany this part of the work will prove of much use to the student. The second part of the work consists of a clear and terse account of the diseases of the ear and their treatment. In the latter department the rules laid down are eminently practical. Old friends of the book will be agreeably surprised to find how much valuable and interesting matter Dr. Burnett has introduced into his new edition. The sections on Otomycosis, The Treatment of Chronic Otorrhæa, The Diagnosis, Etiology

and Treatment of Aural Vertigo, have, together with others, been rewritten, and well rewritten. We can cordially commend this book to all who wish a text-book on the ear.

H. D. B.

The Elements of Pathology. By Edward Rindfleisch, M. D., Professor of Pathology and Anatomy in the University of Würzburg. Translated from the first German edition by Wm. H. Mercur, M. D. Revised by James Tyson, M. D., Professor General Pathology in University of Pennsylvania. Philadelphia: P. Blakiston, Son & Co., 1884. New Orleans: Armand Hawkins, 196½ Canal Street. Pp. 260. Price, \$2.00.

In this small work the author lays down general principles, which may a groundwork for a scientific pathology. It is not illustrated; indeed, the work disclaims all pretensions to being a text-book. It is not intended for beginners, but rather for those who are already conversant with pathology. The work, though small, is on a higher level than a work of mere description. It does not describe fully the structure of new formations, or the various steps in pathological processes; this the author has done in his larger work, "Pathological Histology"; but the book before us merely brings forward those characteristics of morbid processes which serve to bind them into a systematic whole.

A. McS.

A Handbook of the Diseases of the Eye and their Treatment. By Henry R. Swanzy, A. M., M. B., F. R. C. S. I., etc, New York: D. Appleton & Co. 1884. New Orleans: Armand Hawkins, 196½ Canal street. Price \$3.00.

A very fair, small text-book upon diseases of the eye. The author does not undertake to set forth his own views upon the subjects treated of, but rather to give a concise summary of the opinions at present prevailing upon the questions of ophthalmology. The chapter on the motions of the pupil in health and disease is to be especially commended as bringing together in compact form a large amount of scattered knowledge.

The book would be a safe guide to the student beginning the study of eye diseases as it is carefully and clearly written, but we cannot see that it is superior to the similar work by Nettleship, and we should prefer Juler's book to either, even for a young student.

H. D. B.

Lectures on the Principles of Surgery. By W. H. Van Buren, M. D., LL. D. (Yalen), formerly Professor of the Principles and Practice of Surgery in the Bellevue Hospital Medical College, etc. Edited by Lewis A. Stimson, M. D., Professor of Physiology and Clinical Surgery in the Medical Department of the University of the city of New York. New York: D. Appleton & Co. New Orleans: Armand Hawkins. 1961/2 Canal Street.

This volume comprises a series of lectures on the Principles of Surgery, delivered at the Bellevue Hospital Medical College. These lectures were prepared with exceptional care and accuracy, as was the custom of the distinguished author. From the manuscripts used by the lecturer, this posthumous work has been prepared and edited by Prof. Stimson, of New York. We take pleasure in recommending the book as a useful and instructive contribution to the literature of surgery. . A. B. M.

The Lock-Jaw of Infants (Trismus Nascentium) or Nine Day Fits, Crying Spasms, etc.; Its History, Cause, Prevention, and Cure. By J. F. Hartigan, M. D., Washington, D. C. Bermingham & Co, 28 Union Square, New York.

This little book is the outcome of researches, which Dr. Hartigan has placed before the profession. The discussions they originated at the time, showed that the author had labored upon a very interesting subject, and the compliments his former production received can only he repeated for this. Those who have already read his first report, will be glad of the opportunity to preserve it in book form, and those who have not read it would doubtless profit by doing so. The book is printed in good large type and the plates in the front are very good.

G. B. L.

A Handbook of Ophthalmic Science and Practice. By Henry E. Juler, F. R. C. S., etc. Philadelphia: Henry C. Lea's Son & Co., 1884. New Orleans: Armand Hawkins, 196½ Canal Street.

The ungrateful task of criticism becomes an actual pleasure when such a text-book falls into the critic's hands. Mr. Juler has written a book which, so it seems to us, must prove the very best manual upon the subject in our language. The arrangement of the chapters and sections is so excellent as to prove of great assistance to the student; the style is very clear, and the relationships between the pathology and the symptoms of the different diseases or diseased conditions is, as far as possible, clearly pointed out. Indeed, the book will give a sound and well-organized knowledge of the diseases of the eye to any one who will make himself its master. Type, paper and wood cuts are good. Most of the colored plates are fair, and will prove useful to the student in recognizing diseases of the fundus. Price. \$5.50. H. D. B.

Annual Report of the National Board of Health, 1883. Washington: Government Printing Office, 1884. 8vo. pp. 226.

This volume, comprising the fifth annual report, details the operations of the Board under the provisions of the act of June 2, 1879, down to the time of its lapse, by limitation, on the 2d of June, 1883. The book consists of a brief summary of the four years' work of the Board, and five appendices, containing the reports of sanitary operations and consular and miscellaneous reports. Appendix A, contains resolutions and petitions of representative sanitary organizations endorsing the past work of the Board, and strongly recommending its reëstablishment by Congress.

For our part, we cannot refrain from expressing our regret, in common with those whose resolutions are here detailed, at the short-sighted policy of Congress, which withdrew from active service this useful arm of the national government.

F. W. P.

A Manual for Bandaging. Adapted for Self-Instruction. By C. Henri Leonard, A. M., M. D., Professor of Medical and Surgical Diseases of Woman, etc. With 139 Illustrations. Second Edition; Revised and Enlarged. Detroit: The Illustrated Medical Journal Co. 156 pp. \$1.50, postpaid.

This little work is eminently useful to the beginner in medicine. It instructs the student in many little practical manipulations, which a larger work would not condescend to notice, but a knowledge of which, nevertheless, proves very useful. Dr. L.'s book, however, does not confine itself to the consideration of simple, domestic manipulations, but, beginning with the directions for making poultices, it leads up to the description of all the important surgical dressings. It is now in its second edition, and deserves to pass through many others.

A. McS.

The Basic Pathology and Specific Treatment of Diphtheria Typhoid, Zymotic, Septic, Scorbutic and Putrescent Diseases Generally. By Geo. J. Ziegler, M. D., late Physician to the Philadelphia Hospital, member of the Philadelphia County Medical Society, of the American Medical Association, etc., Author of "Zoo-adynamia," "Researches on Nitrous Oxide," "Natural Laws of Marriage," etc. Philadelphia: Geo. J. Ziegler, M. D. 1884. 8vo. pp. 225. Price \$2.00.

This book, published by the author himself, is remarkable for two things: first, the language, which might be called a translated German style; secondly, on account of the pathological theory evolved. The first sentence of the introduction is exactly one-half page long, the thirteenth page is covered by two sentences, enormously long sentences occurring frequently throughout the book. For the theory, we would respectfully refer the reader to the book itself, as our space will not permit us to uncover to the world the remarkable pathology concealed within its pages.

F. W. P.

The Science and Art of Surgery; a Treatise on Surgical Injuries, Diseases and Operations. By John Eric Erichsen, F. R. S., LL. D., F. R. C. S. Eight Edition, Revised and Edited by Marcus Beck, M. S and M. B. London, F. R. C. S.; with 984 engravings on wood; Vol. I, pp. 1124. Philadelphia: Henry C. Lea's Son & Co., 1884. New Orleans: Armand Hawkins.

In this revision the author has been assisted by a number of his medical friends and former pupils. No pains have been spared by them to bring the work up even with the progress of the day; the various new operations have been described, the cases requiring them detailed, and their difficulties and dangers pointed out. Special attention has been paid to Surgical Hygiene, both general and local.

This last edition will place Erichsen's Surgery again in the proud position it for so long occupied among works on surgery.

F. W. P.

Practical Manual of Diseases of Women and Uterine Therapeutics, for Students and Practitioners. By H. Mac-Naughton Jones, M. D. D. Appelton & Co., Bond street, New York. Armand Hawkins, New Orleans, La. Price, \$3.00.

We have few small text-books on Gynecology such as students would have time to read during a busy season, and as this branch is taught only by clinical lectures in most schools, it is very necessary to have such book learning as will enable them to follow the instructions more intelligently. The author is of course necessarily brief on many subjects, but he has succeeded marvelously well in giving us a very good manual of Gynecology in a small book and at a reasonable price. The cuts are not very artistic, but they generally suffice to illustrate the text. The chapters devoted to the examination of cases are very good. And a large part of the book is devoted to practical details which it is absolutely necessary to know in order to profit by clinical teaching. The cut representing the table, if true to nature, is, we think, drawn from a very poor model. On the

whole, however, there is very little fault to be found with the book. It will be of great value to students, but we think a practitioner will have to follow it up with more extensive works on the subject before he can consider himself a competent gynecologist.

G. W. L.

Transactions of the Medical Society of the State of Pennsylvania, at its Thirty-fifth Annual Session, held at Philadelphia, May 14, 15, 16, 1884. Volume XVI. Published by the Society. 610 pages.

The "Transactions" contain a report of the business proceedings of the Society, and a list of the members; but it contains besides a number of interesting papers by different writers, all of which are worthy of perusal. The address of Dr. Hy. M. Smith, on "The Importance and Usefulness of Scientific Medical Organization to Our Profession and the Public," is especially deserving of consideration at the hands of the profession in our State, in view of the indifference with which medical organization is here regarded.

We cannot select from the wealth of material any particular paper for praise; but content ourselves with saying that all deserve careful study.

A. McS.

Text Book of Medical Jurisprudence and Toxicology. By John J. Reese, M. D., Professor of Medical Jurisprudence and Toxicology in the University of Pennsylvania; VicePresident of the Medical Jurisprudence Society of Philadelphia, Physician to St. Joseph's hospital, Member of the College of Physicians of Philadelphia; etc., Vol. 1, 606 pp., P. Blackiston, Sons & Co., Pa. New Orleans: Armand Hawkins, 196½ Canal St. Price \$4.00.

At this time, when in most of our principal medical colleges a special chair is being devoted to medical jurisprudence, thus placing this branch of study on an equal footing with the other fundamental branches of medicine, no more appropriate book could have been written. As its heading implies, it is really a text-book, and contains in a condensed

form, all the knowledge which a physician must possess to become a medical expert in the true sense of the term.

Its first chapter, defining the meaning of the term jurisprudence, indicating the conduct of an expert in the witness box and giving the mode of proceedure in conducting a post-mortem examination or making a legal examination will be found of inestimable value. The remaining chapters of the first part, treating of the signs of death, the presumption of survivorship, personal identity, the causes of violent death, examinations of stains, injuries, etc., are all replete with interest and present to the reader in a concise form all that is really requisite on those different points and can be found in more voluminous works.

The second part devoted to toxicology, forms a valuable addition to the work, the subject is treated in a very thorough and scientific manner and comes up to the latest standards. We believe that no American student of medicine can afford to be without this book, it will also find an appropriate place in all medical libraries. P. E. A.

Publications Received.

The Relation of Micro-Organisms to Surgical Lesions. By Henry O. Marcy, A. M., M. D., Boston. Read to the Section of Surgery and Anatomy of the American Medical Association, May, 1884. Reprint from Journal American Medical Association.

Notes on the Treatment of Trachoma by Jequirity. By Leartus Connor, A. M., M. D., Ophthalmic Surgeon to Harper Hospital. Reprint from Detroit Lancet, 1884.

Mumps a Cause of Deafness. By Leartus Connor, A. M., M. D. Reprint American Journal of Medical Sciences.

De las Cataratas Hereditarias y desu Transmision principalmente a los individuos de sexo igual al del paciente originario. Por el Dr. D. Luis Carreras-Aragó, Professor libre de Oftalmologia, etc. Barcelona, 1884.

Club-Foot. Is Excision of the Tarsus Necessary in Children? By DeForrest Willard, M. D., Lecturer Orthopædic Surgery, University of Pennsylvania, Surgeon to the Presbyterian Hospital, etc. Transactions of the Medical Society of 'he State of Pennsylvania for 1884.

Annual Report of the National Board of Health, 1883. Washington: Government Printing Office, 1884.

Transactions of the Colorado State Medical Society, at its Fourteenth Annual Convention, held in Denver, June, 1884.

On Morbid Drowsiness and Somnolence. A contribution to the pathology of sleep. By C. L. Dana, M. D., New York, Professor of nervous and mental diseases in the Post-graduate Medical School.

Fewish Hygiene and Diet. The Talmud and various other Jewish writings heretofore unpublished. By Carl Von Klein, A. M., M. D. Delivered before the American Medical Association, Washington, D. C., May, 1884.

Miniscismo o Neurosis Imitante (Miryachit, Jumping, Latah). Estudio Critico por José Armangué y Tuset Ayudante de Catedras prácticas de la Facultad de Medicina de Barcelona, con un prólogo de D. Juan Giné y Partagás. Barcelona, 1884.

Transactions of the Michigan State Medical Society for the Year 1884.
No. 4, Vol. VIII. Lansing.

Notes on the Opium Habit. By Asa P. Meylert, M. D., member of the Medical Society of the County of New York. Third edition; revised and enlarged. New York and London: G. P. Putnam's Son's. The Knickerbocker Press. 1885.

Holden's Anatomy. A manual of Dissection of the Human Body. By Luther Holden, late President of the Royal College of Surgeons of England; Consulting Surgeon to the St. Bartholomew's and the Foundling Hospitals. Fifth edition. Edited by John M. Langton, Surgeon to, and Lecturer on Anatomy, at St. Bartholomew's Hospital, etc. With over 200 Illustrations. Philadelphia: P. Blackiston, Son & Co., No. 1002 Walnut street. 1885. [N. O.: Armand Hawkins, 196½ Canal. Price, \$5.00 cloth; \$6.00 leather].

Students Manual Series. Elements of Surgical Diagnosis. By A. Pearce Gould, M. S. M. B., Lond. and F. R. C. S. Surg., etc. Philadelphia: Henry C. Lea's Son & Co. 1884. [N. O.: Armand Hawkins. Price, \$2.00.]

Insanity and Allied Neuroses—Practical and Clinical. By George H. Savage, M. D., M. R., C. P., Surg. With 19 Illustrations. Philadelphia: Henry C. Lea's Son & Co. 1884. [N.O.: Armand Hawkins. Price, \$2.00.]

Intestinal Obstruction; its Varieties, with their Pathology Diagnosis and Treatment. The Jacksonian Prize Essay of the Royal College of Surgeons of England. 1883. By Frederick Treves, F. R. C. S. With 60 Illustrations. Philadelphia: H. C. Lea's Son & Co.

The Principles and Practice of Gynæcology. By Thomas Addis Emmet, M. D., LL. D., Surgeon to the Woman's Hospital of the State of New York, Ex-President of the American Gynæcological Society, etc. Third edition; thoroughly revised. With 150 Illustrations. Philadelphia. Henry C. Lea's Son & Co. 1884. [New Orleans: Armand Hawkins. Price, \$6.00.]

A Mannual for the Practice of Surgery. By Thomas Bryant, F. R. C. S. Member of Council and Court of Examiners of the Royal College of Surgeons, etc. Fourth edition. With 727 Illustrations. Philadelphia: Henry C. Lea's Son & Co. 1885. [N. O.: Armand Hawkins. Price, \$7.50.]

The Social History of the Eighth International Medical Congress. By D. Bryson, M.D.: New York. D. Appleton & Co. (Pamphlet.)

MISCELLANY,

MEDICAL SCIENCE IN CHINA.

In consequence of the war in China there is a demand for foreign, especially American, medical talent. Like most other arts and sciences in that strange land, medicine and surgery suffered an arrest of development centuries ago, and have since made no progress. Only the simplest surgical operations are undertaken, and it is quite probable that in the event of war as many will die from lack of proper surgical skill as will fall by the bullets of the enemy. A few months since the writer visited the Smithsonian Institution in Washington, in company with a person who had spent several years in China. We were much interested in examining the collection of Chinese medicines, and listening to an account of their methods of practice, an occupation which was, to say the least, entertaining, if not instructive.

The medical notions of the Chinese have many points of resemblance with those of Europe in the middle ages, being a mixture of truths derived from experience with many absurd speculations and superstitions. Like our modern refined disciples of Hahnemann, the Chinese physician believes in the specific action of drugs, and employs remedies which rival, in nastiness, the homeopathic tinctures of bedbugs, pediculus capitis, and psorinum syphiliticum. Pen-tsan-kong-mu, which corresponds, in a measure, to our National Dispensatory, was published in the sixteenth century, and is still the standard authority. It contains a list of about 1,000 crude drugs. These drugs are seldlom given singly, but are combined in complicated formuæ which surpass in length those of the celebrated Dr. Brown-Sequard The Chinese Dispensatory contains over 12,000 of these formulæ, so that there is, at least, an ample field for selection.

Only the rudest chemical knowledge is apparent. Inorganic substances, when used, are in their native mineral state, and the general form for administering all drugs is in powder or decoction. In the selection of remedies there are many illustrations of the medieval doctrine of signatures, that nature has indicated by certain peculiarities of form, color, or otherwise, the proper use of a drug. Ginseng

root is most highly prized, as it presents a rude resemblance to the human form. Marvelous invigorating properties are attributed to it. It is given to the sick as a restorative, to the well as a preventive; in fact, it is the Chinese quinine. As further illustrations of this law of signature, we may mention the use of red coral to arrest hemorrhage, hedgehog skin for cutaneous diseases, and tiger's blood as a remedy for timidity and debility. The consumption of drugs is enormous; many medicines are habitually taken by those in perfect health in the belief that they prolong life and prevent disease.

Some of their remedies are really efficacious. Aconite is used to reduce fever, but only after some method of preparation has been employed to remove its poisonous properties. Ginger is used as a stomachic tonic and for headaches. Musk and camphor are favorite remedies; these are given combined, in the form of a bolus about half an inch in diameter, and are excellent nervous stimulants for those who have gullets sufficiently large to swallow them. Japonica root, resembling in its action squill, is used as a diuretic and expectorant. Fowls' gizzards are given for dyspepsia, it is said, with excellent results, while red rose leaves are regarded as a specific for asthma.

The tonics used by the Chinese will interest us only on account of their absurdity. Among them may be mentioned the gall-stones found in the gall-bladders of cattle; a variety of glues made out of asses' hide, cowhide and deer-horns; tigers' blood and bones; dried toads and dried human placenta. Among other curious remedies may be mentioned, caterpillars, for bronchitis; snake-skin, dried and powdered, for cutaneous diseases, especially leprosy; cuttle-fish, for cancer; oyster-shell, for deafness, and maggots for the delirium of fever .- Buffalo Medical and Sur-

gical Journal. Louisville Medical News.

A trichina inspector in Germany has been sentenced by the criminal court of Halle (September 29th) to one and a half year's imprisonment for gross negligence in the performance of his duty. He had pronounced the meat of a hog submitted to him for examination, free from trichinæ; but, instead of taking thirty specimens of the flesh to examine, the number required by law, he had only taken six. These specimens he had examined in a very cursory manner, for they were afterwards re-examined with his own

microscopy and were found to contain trichinæ. His carelessness caused the outbreak of trichinosis in the village of Streutz-naundorf, in Saxony, where, out of a population of 600, 12 persons died and 78 others were more or less dangerously attacked by it

Hydrochlorate of Cocaine has been pronounced by Dujardin Beaumetz the best therapeutic agent in vaginismus due to inflammation and ulceration of the vulvar orifice. Parvin, of Philadelphia, confirms his experience.

The Lacaze prize of two thousand dollars has been awarded by the Paris Faculty of Medicine to Dr. Debove for his clinical lectures on tuberculosis. It will be remembered by our readers that he first introduced and practically demonstrated the value of forced or artificial alimentation in phthisis.

According to the Commissioner of Education, General Eaton, there were 8,681 medical students in this country in 1873, and 15,151 in 1882. The medical schools increased during the same period from 94 to 134.

In cases of epilepsy of long standing, Prof. Da Costa advises the use of the effervescing form of the bromide of nickel in doses of gr. v-x ter die.

Prof. Bartholow speaks very favorably of the latest substitute for quinine, to wit, antipyrine; and says, "it is a certain and powerful antipyretic."

Recent experiments made by Messrs. Mozly and Harrison (London Lancet) have served to throw discredit on the conclusions of Dr. Domingo Freire of Rio Janeiro, who has been so loudly advertised by the lay and medical press as the discoverer of the pathogenic element of yellow-fever—the micrococcus xanthogenicus, According to the observers above-mentioned, he has mistaken septicaemia in the lower animals for yellow fever. This confirms the observation of the Havana Yellow Fever Commission of the National Board of Health which have been so incomprehensibly disregarded by all debaters on this question.

METEOROLOGICAL SUMMARY—JANUARY, STATION—NEW ORLEANS.

DATE	Daily Mean Barometer.	Daily Mean Tempert'e.	Daily Max.	Daily Min. Tempert'e.	Daily Rain fall, inches.	GENERAL ITEMS.				
	30.261	20 4	52.0	25.7		Highest Barometer, 30.592. 17th.				
I	30.201	39.4	51.8	28.4		Lowest Barometer, 29.800.				
2	30.304	35.0	52.0	21.5		Highest Temperature, 74.9. 15th.				
3	30.340	17.5	51.0	44.6	.16	Lowest Temperature, 27.7. 18th.				
4	29.879	60.7	69.0	40.6	2.62	Greatest daily range of Tempert'e, °33.2.				
5	29.957	57.2	62.7	52.8	-02	Least daily range of Temperature, 3.5.				
7.	30.306	51.2	58.6	44.2		Mean daily range of Temperature, 013.4.				
8	30.270	54.0	62.5	47.3		Mean Daily Dew-point, °42.40.				
9	30.166	61.2	68.3	51.5		Prevailing Direction of Wind, N. E.				
10	30.158	61.6	65.2	58.5		Total Movement of Wind, 6,644 miles.				
11	20,000	166.3	71.0	60.0	.05	Highest Velocity of Wind and Direc-				
12	30.044	62.2	67.8	54.4	.00	tion, 25 Miles N. W.				
13	30.239	59.3	66.8	54.7		No. of clear days, 7.				
14	20. 162	61.3	66.6	52.0	. I 3:	No. of fair days, 13.				
15	29.996	70.4	74.9	65.6	.25	No. of cloudy days, 11.				
16	30.037	52.2	70.5	37 · 3	.70	No. of days on which rain fell, 15.				
17	30.509	35.0	42.0	30 2		Date of solar halos, o.				
18	30.429	37 6	45.0	27.7		Dates of lunar halos, 28-29.				
19	30.313	43.1	49.0	30.0		Dates of frosts, 2, 18. 27th.				
20	30.171	42.3	47.2	44 5	•43					
21	30.286 30.279	41.3	43.5	27.0	.06	187363.2				
22	29.927	60.6	165.2	37.0	7 . 77					
23	29.927	00.0	62.1	57.8	2.24					
24	30.094	59.4	58.3	44.5	.10	1876				
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28	30.262	49.8	58.5	46.5		COMPARATIVE PRECIPITATIONS.				
29	30.288	50.7	.56.4	44.6		(Inches and Hundredths.)				
30	30.085					1873 5.06 1880 1.02				
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M. HERMAN, Sergeant, Signal Corps, U. S. A.

Mortality in New Orleans from Dec. 27th, to Jan. 24th, 1885, Inclusive.

Week Ending.	Yellow Fever	Malarial Fevers.	Consumption.	Small- Pox.	Pneu- monia	Total Mortality
Jan. 3d Jan. 10th Jan. 17th Jan. 24th	0 0 0	0 0 0	25 19 24 32	0 0 0	11 15 22 16	137 137 152 155
Total	0	0	100	0	64	581

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CAUTION.

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Substitution of cheap and worthless compounds are being made in many cases where Lactopeptine is prescribed.

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The OXYDIZING AGENTS-Iron and Manganese;

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Paullum sepulta distat inertia Celata virtus.—Horace.

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1885.

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PARK RITCHIE, M.D.

Cleveland, Ohio, July 30, 1883.

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Have used Souccetane constantly for some months both in private and hospital practice, and found it all I could have desired. C. M. FIELD, M.D.

St. Louis, July 20, 1883. I have found Tougathae a useful combination in rheumatic neuralgia.

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T. S. BELL, M.D.

Cincinnati, March 11, 1834.

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O. D. NORTON, M.D.

A. A. MELLIER, Sole Proprietor, ST. LOUIS

NEW ORLEANS MEDICAL AND SURGICAL JOURNAL.

MARCH, 1885.

PRIGINAL PAPERS.

Gonorrheal Rheumatism, with Notes of an Interesting Case.

By T. G. RICHARDSON, M. D.,

Professor of Surgery in the Medical Department of the Tulane University of Louisiana.

Read before the Parish Medical Society.

It is but little more than half a century since Swediaur called attention to the fact that gonorrhoa is sometimes the essential cause of a special form of rheumatism; but it is only within the past twenty or twenty-five years that pathologists in general have admitted the relation of cause and effect between the two diseases. The proof of such relation is found mainly in the fact that in some persons the two affections invariably concur. Bryant mentions the case of a man who was under his care, in whom sixteen attacks of gonorrhœa were accompanied by sixteen attacks of rheumatism, and Sir Astley Cooper and others refer to similar cases in which the recurrence of the two together was quite as well marked, although the cases of attacks were not so numerous. It is also a singular fact that the rheumatic diathesis does not appear to exert any influence over the occurrence of the disease. Neither does the treatment of the urethral disease seem to have the slightest effect upon the development of the rheumatism. That the latter is not the result of metastasis from the urethra is proved by the fact that it is not accompanied by a drying up or diminution of the purulent secretion, but, on the contrary, according to some writers, the urethral discharge frequently increased about the time of the appearance of the rheumatism.

The disease is almost peculiar to the male sex; few or no authentic accounts of its occurrence in women have been recorded.

It may appear at any period of the gonorrhea, but has been more commonly observed after the acute symptoms have measurably subsided.

It not unfrequently affects the fibro-areolar tissues of the eye, but its favorite seat is the joints, and by very decided preference the knee and ankle joints, where in quite one-half the cases the disease is found to occur. In at least one-third of the recorded examples only one joint was attacked.

Unlike ordinary rheumatism the disease is not usually preceded by any well marked febrile symptoms; and al though painful when fully developed, is not characterized by great suffering. The presence of fluid in the joint soon declares itself by swelling and fluctuation, but the surrounding structures give no evidence of participation in the inflammation. The morbid action seems to be confined, in most cases, entirely to the synovial membrane. The fluid is strictly watery or serous, and it is seldom that suppuration takes place.

Recovery is nearly always slow, and it is often many weeks or months before the joint is restored to its original integrity.

The treatment consists in absolute rest of the joint, fomentations, counter-irritation in the form of repeated blistering, antiphlogistics when the constitutional symptoms are of an sthenic nature, followed by iodide of potassium and opium. Aspiration of the joint is called for when tension is considerable and absorption is slow in taking place.

Two cases of this affection have occurred under my care in the Charity Hospital within the past three months. One was that of a white man, who presented no uncommon symptoms, and was soon able to leave the house. The other was that of a black man, in whom suppuration occurred, and whose limb and life are still in a very precarious situation. It is to this case that I desire to draw attention. The history is as follows:

J. M., a large, healthy, muscular man, æt 30, was admitted to hospital December 31, 1879, with gonorrhæa, complicated with pain and swelling of the right knee joint. According to his statement the gonorrhæa had existed about two months, had lost its acute character and had not for some weeks prevented him from working as a common laborer upon the line of a projected railroad. It was not until his knee began to distress him, about a week before his admission, that he was compelled to keep quiet.

Upon examination I found a muco-purulent discharge issuing from the external meatus of the urethra, but was told by the patient that there was little burning during micturition, and no diminution in the size, or alteration in the form of the urinary stream.

The knee-joint was considerably swelled, somewhat tense, and slightly tender upon pressure. It was decidedly painful only when suddenly or rudely moved. Fluctuation was very distinct at the usual points above the patella, and upon either side of the tendon of the great extensor muscle. There was no unusual heat of the skin; the pulse was only slightly accelerated, and the thermometer placed under the tongue marked only 99½. The patient had never suffered from rheumatism, syphilis or scrofula, nor had he injured the joint in any way. As well as I could discover, the morbid action was limited to the synovial membrane.

The symptoms and history, as I interpreted them, pointed clearly to the gonorrhæa as the source of the synovitis.

The treatment consisted in the administration of copaiba and cubebs in moderate quantities, a blister 6x4 inches upon the inner side of the joint, and absolute rest of the limb, with the knee slightly raised. The gonorrhæa subsided in the course of a week, but as there seemed to be

no improvement in the condition of the knee joint, I ordered the blister repeated, but placed upon the opposite side, and prescribed iodide of potassium by the mouth. At the end of another week it was evident that the fluid in the joint had increased, and there was more pain in the part, but, strange to say, there was but little febrile movement exhibited by the pulse and temperature, and the patient was able to take a fair amount of food with relish. Nevertheless, I began to fear lest the prolonged tension might not have already induced suppuration, and I resolved in consequence to aspirate the swelling. Three and a half ounces of slightly turbid, serous-looking fluid were drawn off, and upon submitting it to careful examination undoubted pus-cells were discovered in considerable numbers.

Two days afterwards the joint was found as tense as before, and upon withdrawing the fluid again this was found to be more decidedly purulent. The joint had now become more painful, and the whole limb above and below the knee was swollen. It was evident that some more active treatment should be employed, and so after evacuating the fluid the third time, I injected a tolerably strong solution of carbolic acid in alcohol and water, with the view to arrest, if possible, the further formation of pus. fortunate results followed, and, two days thereafter, I substituted a trocar for the aspirator, and, having washed out the cavity, again injected the carbolic acid solution. The condition of the joint grew worse; the swelling of the adjacent parts was threatening, and I was compelled a few days subsequently to make a free opening with a bistoury above and external to the patella, not only to evacuate the joint-cavity, but to give vent to pus, which had already begun to form in the extensor muscle of the thigh. This was followed by some relief to the pain, and the swelling of the thigh was diminished. In the meantime a large abscess formed upon the inner side of the leg, a few inches below the joint, and upon opening it half a pint of pus was discharged.

Under these combined troubles the patient lost his appetite, suffered a good deal of pain and showed evident signs of exhaustion, but under quinine, iron, brandy and beef tea, he rallied, and, notwithstanding a free discharge from his knee-joint and a large suppurating cavity in the muscles of the thigh, and from the abscess in the leg, he is evidently gaining ground, and there is good reason to hope that he may recover with an anchylosed knee-joint. Under the circumstances, however, it will be necessarily several weeks before the cavities are closed. In the meantime I propose, as soon as the swelling subsides, to place the limb in a plaster of paris bandage with openings in the latter corresponding to the openings in the soft parts, so as to enable the patient to change his position without injury.

In conclusion, permit me to state that, in a hospital service of more than thirty years, this is the first case of suppurative gonorrheal arthritis that I have ever treated. I have heard of some cases in private practice, one of these a well-known gentleman in an adjoining Parish, in whom the knee and ankle were similarly affected, but I have not been called upon to treat another.*

Large Abscess of the Liver, opened by Trephining the Ninth Rib—Recovery.

Reported by F. W. PARHAM, M. D., Hotel Dieu.

Mr. N. G., at. 26, native of Texas, lawyer, admitted to Hotel Dieu, Nov. 29, 1884. Previous history: A close student, habits always good. Was taken sick with what his physician called typho-malarial fever. The attack began with fever, followed next day by pain in the right side. The fever, intermittent in character, increased in intensity until September 28, the temperature never, however, rising above 103°. After this date, improvement began and continued until October 4, when he could walk about. Shortly

^{*}Notwithstanding persistent efforts on the part of my successor to arrest the slowly ebbing strength of the patient, a fatal termination by exhaustion occurred a few weeks after the termination of my semi-annual hospital service.

T. G. R.

afterwards the fever returned, and, as he did not seem to improve, but rather grew worse, his friends brought him to New Orleans and placed him in Hotel Dieu, under the care of Prof. T. G. Richardson, M. D.

November 30, 1884. The following conditions were noted: Height, five feet, eight inches, well developed, very much emaciated and weak, nervous temperament, skin sallow and somewhat shiny, perspiration free, evidences of distress in face, great distaste for food; tongue slightly coated, red at edges and punctated, bowels inclined to be loose; very restless, almost delirious at night, unable to sleep without morphia, which has been hypodermatically given for several weeks, producing the habit; has a cough, but not very troublesome; temperature, 9 A. M., 101.4 F., pulse 84 per minute.

Physical examination: Breathing, costal, rather more hurried than normal, giving slight pain on inspiration in right side; pain, remittent in character, increased by pressure, over lateral and anterior hepatic regions; liver not perceptibly enlarged upward, but extends an inch below the costal arch, and nearly two inches to the right of the ensiform cartilage, where there is special tenderness; as compared with the other side, the hepatic region shows a marked bulging and the hepatic intercostal spaces not well marked.

Diagnosis: Hepatitis, with probable suppuration; treatment, tonic and supporting.

December 9. Nourishment has been forced upon him, as he has had no desire to eat; the tonic treatment, consisting of pepsin, strychnine, arsenious acid and hydrochloric acid, has been continued without much apparent benefit. The fever has run a remittent course, rising from early morning until its heighth at 4 P. M., falling from this time to nearly normal next morning. Sulphate-quinia was given during the day to stop this rise, without effect. Bi-sulphate quinia was then given, 6 grs. at 8 P. M., and 6 grs. at 4, 5, 6 and 7 A. M., for several days, with the effect of holding the temperature near the

normal. As soon, however, as the quinine was discontinued, the temperature again arose, frequently reaching 102°-103.8° F. Examination of liver at this date showed increased bulging and fluctuation was detected in lower intercostal spaces. A hypodermic syringe showed pus; a Dieulafoy's aspirator was used in ninth space, bringing away 560 c. c. (nearly 18 ounces) of typical hepatic pus, unmixed with blood. Though the long needle moved freely in the liver, no more fluid could be drawn out.

December 12. There was improvement for twenty-four hours, when the temperature again began to rise. Patient complained much of pain in side and could not sleep. Morphine, which had been stopped entirely, was now again resorted to, but without his knowledge. This gave some relief, but his condition not improving and the liver still bulging, a second aspiration was made on this date, drawing away 480 c. c. (nearly one pint) of pus, very much thinner, containing a large proportion of serum. Only temporary improvement. Quinine continued.

December 15. Aspiration No. 3, 480 c. c., pus thicker. December 16. No quinine yesterday; temperature at 8 P. M., 103 3, fever continuing all night. This morning, condition much worse, patient rather dull, very restless, complaining seriously of liver-pain.

December 17. Temperature again last night 103.5, the pulse very rapid, frequent and regular, and he complained bitterly of pain over liver: one-sixth grain morphine was given causing him to sleep very well.

This morning, condition worse than ever. It was now very clear that patient must soon die unless something else could be done. Believing that the one thing alone that could produce any favorable change in his condition was the establishing of thorough drainage of the abscess, Dr. Richardson determined to make a free opening. Accordingly, on December 17, the patient having been etherized, an incision was made in the ninth intercostal space. Some thick pus escaped, but with such difficulty, owing to the closeness of the ribs, that it was determined to remove a

section of rib by the use of the trephine. For this purpose skin was dissected from the ninth rib and a disc, including the whole breadth of the rib, was taken out without difficulty. A large opening, including the ninth rib and a part of the eighth and ninth intercostal spaces, about one inch anterior to the mid-axillary line, was the result. A large quantity of pus (not measured) of the consistency of jelly poured out. It was so thick that it could not possibly have been evacuated through any aspirator. The index finger was quite easily introduced, and the clinging pus and broken-down tissue separated from the abscess walls and thoroughly washed out with a warm three per cent. solution of carbolic acid. In the evening the temperature had fallen to the normal line. The washing was repeated.

December 18, 10 A. M. Cavity again washed out, large pieces of liver-tissue and very thick pus coming away. The finger introduced finds walls of cavity soft and easily broken down. The cavity was large and irregular, containing a number of pouch-like excavations, filled with thick, tenacious pus. The pus and loose tissue were removed as thoroughly as possible at each washing, and a cone-shaped plug, made of an ordinary roller-bandage of the size of the thumb, was introduced and left in place until the next washing.

December 18, 6 P. M. General condition improved, but temperature up to 103°; still complains of pain; appetite very poor. While the cavity was being washed out, sudden pain was complained of near ensiform cartilage. This continued some time.

December 19, 10 A. M. One-third grain morphine, in two doses, was given during the night to quiet pain and and produce sleep. To-day, not so well, tongue being dry and rough, and condition otherwise bad. Last night was very much exhausted by getting up on to the stool twice. At the washing this morning, large masses of necrosed tissue came away.

5 P. M. Brighter and in good spirits. Washing brought

away good quantity of pus, but very little tissue. Ordered morphia again.

December 20, 9: 30 A. M. Much improved. Expresses the belief that he will get well. One-sixth grain of morphine last night enabled him to sleep well all night. Very little pain, appetite excellent, tongue moist and soft, finger finds liver firmer, cavity smaller; prognosis improving.

P. M. Temperature at 3 p. m., 101°; at 5 p. M., 100.2°; tongue a little dry, slight nausea, a little restless, dressing bile-stained.

December 21, 11 A. M. Nine hours sleep last night, brighter, nausea gone, appetite good; dressing, clothing and sheet yellow with bile, pus much less, cavity evidently contracting.

December 22, A. M. Slept well, about eight hours, vomited last night a short time after taking the nightly dose of morphia. Not so lively as yesterday, but condition still encouraging. A quantity of bile was discharged when plug was removed.

December 24. One-twelvth grain morphia last night. Condition excellent, tongue moist and not so red, appetite fair, cavity still contracting.

December 26. Vomited a little yesterday. Only one-twenty-fourth grain morphia during the night. Slept well, appetite very good.

December 30. Condition has continued favorable, flow of bile ceased.

December 31. Bowels moved six times copiously last night; complains of pains in feet; otherwise as well as ever. Discontinued the record of temperature.

January 6. The diarrhœa was easily controlled. Progress continues. Appetite excellent, bowels act naturally, gaining flesh and strength perceptibly.

January 7. A little flushed; commenced record again. The temperature continued to rise a little every day until the evening of January 10, when it had reached 102.5, Kairin was tried without any effect. Twenty grains bisulphate quinine were given on January 10th; 25 grains on

11th; 25 grains on 12th; 24 grains on 13th; 15 grains on 14th; 15 grains on 15th; 8 grains on 16th and 17th, and after this date discontinued.

On the 15th, Fowler's solution was commenced and continued for several weeks in three-drop doses three times a day. No other medicine was given, the tonic mixture having been some time previously discontinued, owing to objections to taking it.

Patient continues to steadily improve. On January 6th he weighed 107 lbs.; twelve days afterward, on the 19th, 119 lbs.; on January 24th, 124 lbs., and subsequently had reached 130 lbs. Up to about January 20 the abscess had been washed out morning and night, but after this, the discharge being very slight, only once a day.

February 13. Patient left Hotel Dieu about two weeks ago. Condition good, but not much gain over previous weight. The wound has practically healed, leaving a dent in side from drawing in of cicatrix. Still some tenderness over liver, especially near ensiform cartilage, but nothing indicates any unfavorable course as probable. Liver extends a little below costal arch. Is in good spirits and expects to leave for home on the 16th of February.

Commentary. This case, which can be fairly claimed as one of cure, shows clearly what may be accomplished by surgical interference in even apparently hopeless cases. The points of especial interest are—

- 1. The total inefficiency of even the best aspirator in evacuating similar abscesses.
- 2. The value of the ordinary trephine, permitting the rapid making of a large opening.
- 3. The thorough and frequent cleansing of the cavity of pus and broken-down tissue, by means of the finger and washing, which in this case was accomplished with an ordinary Davidson's syringe,

Charity Hospital Notes.

By A. McShane, M. D., Visiting Physician.

Jean D., aged sixty-two years, native of France, cook all his life, not intemperate, of medium size, has firm muscles, had a persistent cough. His fingers are deformed and ankylosed from long-standing rheumatism. Cough does not bother him when he is standing; but he has a tickling and pain in apex of right lung whenever he lies down. The pain is referred to the inner half of right clavicle and below. He spits up a small amount of mucopus. There is flatness on percussion extending outwards as far as the middle of the right clavicle, and downwards and inwards in a curved line as far as the second intercostal space. The cardiac sounds are reproduced accurately over this area of flatness. The whole area pulsates. Over the supra-sternal notch, a round pulsating tumor can be felt, pressure upon which causes a choking sensation, and makes him cough. Over the area of flatness, there is no respiratory sound; no vocal resonance. No notable difference between the two radial pulses. The patient has a mitral murmur, which can be heard over area of flatness. Diagnosis: Aneurism of the arch of the aorta pressing upon the lung and giving rise to the cough.

D. K., colored, aged thirty-eight, laborer, entered the Hospital on February 5, 1885, suffering from double pneumonia. He had been sick some time before entering the Hospital. The pneumonia progressed favorably, but his general condition was not good. From the day of his admission, his tongue and teeth were covered with a viscid mucus, quickly drying, and forming hard, dark incrustations. On February 12th his pulse was very compressible; there was a tendency to mental wandering, and the patient seemed to be sinking. He had by this time passed into a typhoid condition. Fifteen minims of tr. digitalis were given hypodermically, and ten minims every three hours by mouth afterwards: whisky was also given in liberal quantities. His condition was better next morning Early

on February 14, a diffuse swelling appeared under the jaw on the left side, which was painful upon pressure. I saw him at 10, A. M. His pulse was again feeble and compressible; his breathing wheezy. He coughed up a large mass of muco-pus, and then tried to cough up some more, but this time the stuff was evidently too viscid, for he could get it only as far as the larynx, where it stopped and almost choked him. A tracheal tube, knife, etc., were at once sent for, but when they arrived the patient was somewhat better. As the obstruction was deemed a result, principally, at least, from the presence of viscid mucus in the larynx, warm vapor was directed upon the patient's mouth and nose. The patient expressed and showed relief for some time, but in about an hour the respiration became seriously embarrassed and laryngotomy was performed. Immediate relief was obtained. During the day the swelling under the jaw continued to increase. He became weakre and weaker, and died at 8, P. M. The tube remained pervious; he died of exhaustion. At death, the swelling had spread to the right side; it was, no doubt, erysipelas.

Suggestions, from Dispensary Experience, for the Surgery of General Practice.

Read before the Philadelphia County Medical Society, December 10, 1884.

By CHARLES W. DULLES, M. D.,

Fellow of the Philadelphia Academy of Surgery; Surgeon to the Out-patient Department of the University Hospital, and of the Presbyterian Hospital, in Philadelphia.

It has often seemed to me that the experience gained in the many dispensaries of our large cities is not made of as much service to the profession as it might be, and that it would not be amiss if those who have the advantages which these positions afford would occasionally try to put into accessible shape the lessons which they have there learned, and lay them before their brethren for adoption or correction. And, because I have had to learn by experience some things, which it would have been better for my patients if I had found out in some other way, I have thought

it might be worth while for me to invite your attention to certain notions in regard to the kind of surgery which occurs in general practice, which I have gathered during the past ten years, and which, if they are correct, may be helpful to others; if they are incorrect, I shall be glad to have them criticised.

In order to arrange a somewhat desultory subject in as orderly a way as I can, I shall divide it as follows:

- 1. The examination and diagnosis of surgical lesions.
- 2. The cleansing of wounds.
- 3. The control of hemorrhage.
- 4. The dressing of wounds.
- 5. Bandaging.
- 6. Splints.
- 7. The sling.
- 8. Constitutional treatment.

1. THE EXAMINATION AND DIAGNOSIS OF SURGICAL LESIONS.

I trust I shall not be deemed officious in urging the importance of thoroughness and discernment in making up a diagnosis as to what is the nature of the lesion for which one is consulted by a sufferer. Every writer, and every lecturer, dwells more or less upon this point. But, in spite of all that is said and written, mistakes are constantly being made, which greater care would have prevented. I have seen fractures treated as contusions, and contusions as fractures, over and over again. I have seen a patient treated for a fracture at the lower end of the radius with the time-honored Bond's splint, who had nothing the matter near the wrist, but who had a severe and dangerous contusion of the elbow-joint. I have seen hydroceles treated for years as hernia, and have been called to operate for strangulated inguinal hernia when there was only a hydrocele of the cord, innocent and easy to cure. I have seen a psoas abscess mistaken for a hernia, and over and over again sinuses of the face, due to disease of the root of a tooth, treated in vain as simple abscesses, the recognition of the cause and removal of the offending tooth being followed by a prompt recovery. I do not care to cite many mistakes of my own, but I cannot forget my mortification once when caught napping by an ulcerated knee, the syphilitic nature of which was indicated and easily demonstrated when a more experienced surgeon asked to see the other leg. On the other hand, I have known lesions to be characterized as syphilitic on what I thought to be an unwarrantable suspicion, and a cross-examination to show that what a patient called a chancre, could not possibly have been the initial lesion of syphilis.

Now, such errors should not be passed over, or hushed up, when we are speaking among ourselves, or we shall miss the advantage of being taught the necessity for constant vigilance and thoroughness in examining our patients.

Of course, this is not the place to discuss the diagnosis of various lesions, but it may be worth while to call attention to the importance of making our examination include, not only the part believed by the patient to be injured, but also the surrounning parts—muscles, bones or joints, as the case may be, for some distance above and below. The opposite and corresponding parts should often be looked at, for purposes of detection or comparison. Nor should we hesitate to call to our aid the probe or the exploring needle, both of which are valuable and harmless instruments in judicious hands.

Two little points, in regard to the sinuses of the face, I would like to speak of. One is the well enough advocated examination of the teeth, by inspection and tapping, to detect a state of abscess in the alveolus; the other I do not remember to have seen recommended. This is, to test a suspected salivary fistula by bringing a drop of the discharge into contact with a drop of the tincture of chloride of iron on a white surface—a piece of white paper will do—when, if the discharge contain saliva, it will give the pink color which indicates the presence of the sulphocyanide of potassium, a normal ingredient of saliva.

And, before dismissing this subject, I think a word may be said as to the failure, when one is really at a loss, to get the opinion of some one who is more familiar with our subject than we are. However proper the motives may appear, which lead to this, they cannot avert from the patient the consequences of error or delay in diagnosis or treatment; and I believe it would be greatly to the advantage of our patients and ourselves, if we accustomed them to the idea of having a consultation before a case becomes extreme.

2. THE CLEANSING OF WOUNDS.

My own experience has led me to the belief that this salutary proceeding is sometimes overdone. When we see a scalp-wound, or a laceration of the face, covered with a scab, even though it be not a very handsome one, good surgery does not, I think, require us to take it off, unless the appearance of the neighboring parts indicates that an inflammatory process is going on under it. Nor, when a crushed finger is enveloped in dry covering of blood and machinery grime, need we think our patient's safety depends upon a thorough removal of these. On the contrary, I should say his rapid recovery often depends upon our letting them alone. But scabs that cover pus may always be removed with advantage; and foul secretions, or accumulations, can only do harm, and must be cleaned out. So the cleansing of wounds is not only an æsthetic, but also a salutary, procedure. As to the method of cleansing, I am a convert to the views of Mr. Sampson Gamgee, who never uses a liquid for cleansing when it is not specially indicated. Careful mopping with dry cotton or lint will do far more than those who have not not tried it would imagine. Rubbing is rarely called for, but just touching with the cotton or lint, and pressing it down with more or less firmness, as the circumstances require. But, when the case demands it, we must not hesitate to rub firmly, even a little roughly, or to pick off or cut off what sticks tight to the healthy tissues.

Hovever, we should not eschew the use of water too tenaciously. It is often indispensable, and, combined with a little permanganate of potash—just enough to make a transparent, pink solution—it is a *sine qua non* in dispensary practice, as a disinfectant and deodorant. This combination, it seems to me, excels every other so-called antiseptic; and carbolic acid, I may say, I never use as an antiseptic at all.

In this connection, I wish to emphasize what I think is a very important matter in washing of wounds and sores, namely, that the same fluid should never be used twice; that is, it should not be dipped from a basin and allowed to flow from the wound or sore into the same vessel, and then dipped up and used again, and so on. The best way of washing a wound would be to let the water run upon it from a hose with a regulated force. But almost, if not quite, as good as this, is the plan of having one vessel to hold the wash, and another to catch the drippings, and to apply the wash by letting it fall in a steady stream from a clean sponge or a mass of oakum. The size of this stream, and its force, can be easily regulated by the force with which the sponge or oakum is squeezed, and the height at which it is held. If the dripping mass be grasped in the hand and held with the thumb up, by well-regulated squeezing a single stream can be made to fall from the dependent portion, in exactly the place and way we wish.

3. THE CONTROL OF HEMORRHAGE.

An important part of the preparation of a wound for dressing, is the control of hemorrhage—I do not mean the hemorrhage from large vessels, but that from small ones, such as are usually encountered in the surgery of general practitioners. Our colleague, Dr. Roberts, has, I think wisely, deprecated the routine use of styptics, and I quite agree with him that, for almost all small vessels, the pressure of a well-applied dressing will do all that is needed in the way of controlling hemorrhage. Such a dressing may be made of dry lint, bound on with moderate firmness—

actual tightness is not called for-and often one will have, in a little while, an imitation of Nature's favorite method of healing, by the formation of a scab, made up of the dried blood and the tissue of the dressing. The essentials for controlling moderate hemorrhage are dry dressings and moderate compression. Pressure alone is sufficient to control the bleeding from scalp-wounds, which are sometimes spoken of as if they were troublesome to deal with. It is remarkable, at times, to hear men describe the pains they have been at to ligate an artery of the scalp, in view of the fact that this is never indispensable. A compress and a bandage will control any vessel in the scalp, and almost anywhere else; and, if an unruly patient is likely to pull a bandage off, a pin, even a common one, may be thrust under the vessel and brought out again beyond it, so as to hold it as long as any one could wish. If still greater security be desired, it can be had by adding a "figure 8" to this pin.

And here I wish to add a word as to the need for stopping bleeding. I will go a little further than Dr. Roberts in regard to the innocence of hemorrhages, which sometimes cause great uneasiness. Many of these hemorrhages are absolutely beneficial. Of course, one need not be foolhardy, but such hemorrhages as come from superficial wounds may be regarded with the greatest equanimity, and no one need to get flustered in trying to stop them. In my own experience, I often encourage bleeding to a considerable extent, as in the case of incisions for felons and palmar abscesses and the like, and have never felt that I lost anything by being deliberate.

Hemorrhage from small vessels can often be controlled by a firm pinch with the forceps, or the vessel may be drawn out and twisted round several times. This will often obviate the necessity for ligatures, in operations such as the circumcision of infants or children. Sometimes the arteries in the fingers will bleed in a most troublesome way. If the bleeding cannot be stopped by pressure or torsion, it can be controlled by a pad of lint and a few circular turns of adhesive plaster. Persistent hemorrhage from an alveolus, in one with a hemorrhagic diathesis, I have controlled, when plugging gave only temporary relief, by injecting a fine stream of cool water against the bleeding point. Bleeding from the wound of the palmar arch can, I believe, almost always be controlled by a pad and bandage.

4. Dressing of Wounds.

Dry Dressing.—Nature's method of protecting wounds is by the process of scabbing; and when we reflect upon the successful way in which this operates in all the lower animals and often in man too, we wonder that it should be almost a matter of routine to remove scabs in surgical practice. It may gratify our curiosity, it may even aid our study at times, but it is often of no advantage to the patient to remove from a disfigured face, or a cut head, the crusts which are Nature's reliable antiseptic dressings. From what I have seen, I believe it is best to leave such crusts undisturbed whenever possible, and if they are objectionable in an æsthetic sense, simply to cover them with something better looking. Further, it may be said that an artificial scab made with lint, or tarleton, or thin muslin, and collodion, forms one of the best dressings for simple incised and not a few lacerated wounds, which have ever been devised.

In hospital practice, I see many cut heads and simple incised wounds, even after the removal of tumors, which go to a prompt and uninterrupted healing under the first dressing of this sort. Similarly, scabs may be formed by allowing lint to become saturated with the oozing of a wound exposed to the air. Dry powders, such as earth, or bismuth, or calomel, or powdered borax, or boric acid, or iodoform, may also be used to promote the formation of a crust. In all these cases, however, it is important to watch lest the crust bind down offensive discharges, as any scab may do; when this happens, the crust must, of course, be removed, and the wound cleaned.

In the case of strumous ulcers and the weak granulations of large burns, I have had the happiest results from setting aside ordinary dressings, and applying a powder in this way. In these latter cases, I have sometimes practiced exposure of the granulating surface to the air until the serous film covering them has coagulated and formed a species of skin over them. And, to my astonishment, I have seen such a film actually transformed into thin skin without displacement. This is a fact which I believe does not accord with the accepted laboratory idea of new skin formation; but it is a fact, nevertheless. And I would especially urge upon others this plan of treatment in the class of cases referred to-old burns and strumous ulcers - which are, I believe, often kept open by the ointments and other warm and moist dressings used to promote their healing.

Water Dressing is another good dressing, which I believe, is too little appreciated. I have seen a number of wounds of the fingers and hands, for example, done by machinery, in which rapid and painless recovery has followed the application of wet lint, which was wetted again as often as convenient, with a lukewarm, or cool, solution of common borax. Patients with such injuries I have often dressed with cold water and told them to dip the finger or hand, as the case might be, in a solution of a teaspoonful of powdered borax in a pint of water, warm or cool, as they found more pleasant, without removing the first dressing.

Lead-water and Laudanum is but little better than cold water so far as my experience would indicate; although it is suited to cases that are especially hot and painful. But I believe this ought never to be covered up, as it very often is, with impervious coverings. It is not an uncommon thing for me to see a cut hand, or a contused joint, or a painful fracture, covered with lint soaked in lead-water and laudanum, with a piece of waxed paper over this and next a bunch of oakum, the whole bound to a splint with many layers of bandage. My inquiries have usually elicited, from patients treated in this way, the most expressive assurances

that they had suffered much, often having passed a sleep-less night after these dressings were applied; and I have, I think I may say invariably, found that the suffering disappeared when I changed the dressing for a light lint, dipped in lead-water and laudanum, and held in place by a thin, light bandage, so applied as to leave part of the lint exposed to the air and consequently to evaporation of the lotion, with no splint at all, or the lightest and smallest kind possible. What makes a recent injury hot and air-proof, I have found usually a painful dressing.

Dilute Alcohol is another refreshing dressing, if it be allowed to evaporate, and be removed at the first sign of pain.

Carbolized Oil, which is perhaps not such a very common surgical dressing nowadays, I have found to become very quickly offensive, and I now hardly ever use it. If renewed often enough, it is, however, soothing and healing.

Ointments.—To discuss fully the ointments in use in simple surgery, would require more time than you have to give me. So I may perhaps be justified in stating that the most universally applicable ointment for open wounds which I know of, is one made of equal parts of carbolic acid ointment and oxide of zinc ointment. This has seemed to me to do more good than any other ointment in the case of granulating surfaces, unless they were syphilitic, and in these I think mercurial ointments sometimes do better. A little point in regard to the use of ointments is, that they should be confined, as nearly as possible, to the open surface. A piece of lint or muslin should be spread with the ointment, and trimmed down to the exact size of the sore. If spread on the adjacent skin, it will often, after a while, set up an artificial eczema, which is very annoying to a patient.

The Poultice.—I now come to a subject which has interested me a great deal, and about which I have some convictions, which may be exaggerated, but which are

founded upon careful observations made during about five years. One of these convictions is, that the use of poultices is very much overdone. Poultices are of service when it is desired to increase vascular activity in low grades of inflammation, with depressed circulation, and when it is desired to promote or increase pus formation. But I think they do their work in a short time, and that their prolonged use may bring about a condition in which Nature seems unable to get beyond the production of a very feeble and unhealthy sort of tissue. Kept hot and frequently changed, so as to get away the filthy discharges, for a few days they are invaluable; but allowed to cool, left on long at a time, and continued for many days, they do great harm. When a slough is to come away, as after cauterization, or the opening of a felon or carbuncle, nothing which I know of equals a poultice for comfort and effectiveness. But, even in these cases, one should, I think, give them up as soon as the slough is away, and treat the wound as a simple ulcer.

There are no cases which have so much enforced this conviction upon me as those of deep inflammations of the hand and foot: felons and palmar and plantar abscesses. I have myself seen, and so have those who have followed my service in the surgical out-patient departmets of the University and Presbyterian Hospitals, many cases which have illustrated the advantages and disadvantages of the use of poultices in the most impressive manner. Only this autumn I have seen three cases where hands affected with deep palmar inflammation have been almost sacrificed to the persistent use of the poultice—all three of them turning immediately back to recovery as soon as the poultices were laid aside and Nature given a chance to do what she could without them. I may say something similar about felons. I have seen felons, well opened and then too long poulticed, kept unhealed for a long time, the tissues of the fingers becoming boggy and of very low vitality, which recovered promptly when Nature was let alone for a while, and a little attention paid to the general system.

The result of these observations has been, that I make but little and brief use of poultices in these troubles. A felon I open deeply whenever I think there is pus actually present—never before, for then they can often be aborted—then I encourage bleeding by a good soak in very hot water; then I poultice for one day only, soaking frequently in water as hot as can be borne. After this I dress with pure laudanum, or lead-water and laudanum, or a simple ointment, unless there is obviously a slough forming; and I usually can dismiss my patient in a few days. When a felon has gone on to destruction of the vitality of bone or tendon, poultices may be used longer; but I believe one should be always on the lookout for the time when they can be thrown aside.

The best treatment of palmar and plantar abscesses, or rather of deep inflammation of the hand and foot, cannot be stated in a few words; but alas! for the patient whose doctor is too timid to use the knife, and too assured of the saving grace of the poultice. Too little of the one and too much of the other is a sad combination.

Strapping with Adhesive Plaster for ulcers is a troublesome, though very valuable, surgical procedure. It is common, in this country, to put straps on only part way round a limb, and to fear the strangulation which may follow going all the way round. But this fear is groundless. In England, straps are applied by placing the middle of one at the part opposite the ulcer, carrying the two ends forward, crossing them over the ulcer and fastening them down at the opposite side from which they start; and I have practiced this method myself with perfect safety and success. So much as this, is, however, rarely necessary. A good plan is to apply narrow straps at intervals over an ulcer, and to place on top of this interrupted adhesive plaster support, some stimulating ointment on lint-and over all, cotton batting, or oakum, and a bandage. But two things, sometimes neglected, are essential to the best success of strapping: one is, that the straps be not too wide—say about an inch or less in width—another is, that

they should draw the sides of the ulcer together a little, and not simply be plastered against it.

The pressure which can be secured with adhesive straps I have also found useful in a number of inflammatory conditions. I need not mention the strapping of inflamed breasts. But the application of narrow straps will also furnish great relief in the case of boils and carbuncles, and I have had a case of paronychia which resisted assiduous treatment for a long while, but in which immediate relief and rapid recovery followed the application of a circular dressing of adhesive plaster round the end of the finger.

Collodion.—This is another agent which may do good service in minor surgery. Many wounds can be easily and effectively coaptated, by drawing the edges together, laying over them a strip of tarletan or other bandage, and saturating it with collodion. It should be remembered, however, if one is dealing with children, that collodion, applied to a raw surface, is very painful for a while. In applying dressings to the face, we may often dispense entirely with a bandage by using collodion in this way, or by placing against a small wound, or ulcer, or fistulous opening, a little absorbent cotton, and gluing its edges down with collodion. If proper, the whole of the cotton may be painted over with the collodion, and a neat, soft, absorbent, but impermeable, dressing will be made.

Strips of thin material, applied to the surface and painted with collodion, make a good and comforting pressure upon boils and small carbuncles. Collodion painted directly on the skin is also often very efficient for this purpose. I have found, finally, that styes on the eyelids can often be aborted by touching them with the point of a small camel's hair brush, dipped in collodion. Of course, care must be exercised, when doing this, not to put any of the collodion in the eye.

5. Bandaging.

A mistake is sometimes made in bandaging too tight, and I have once seen a case where gangrene was caused in this way. But fortunately, the time-honored wood-cut, which serves in many works on surgery as a warning against this error, furnishes the best information most of us get as to what such a thing is. There is another error, much commoner, and that is bandaging too heavily. I have often seen patients who came with a member firmly bound to a splint, with the laudable object of preventing injurious mobility, but loaded down with successive layers of bandage, until the heat had set up an active inflammation, with the customary accompaniments of pain and swelling, which subsided when the lightest possible splint was used and the thinnest possible bandage.

Sometimes it is desired to apply water after a bandage has been put on. In such cases, of course, the bandage should be thin and open-meshed, and put on as loosely as is consistent with safety. For this purpose, the cheap unbleached muslins are tar better than the fine ones furnished by the instrument makers. Water can also be insinuated under a bandage, if the member has first been wrapped in a layer of absorbent cotton or lint.

I think it is a mistake to bandage too far from the seat of an injury. I am sure we sometimes, from the mere force of habit, send a patient away with an imposing surgical dressing, who, if he had not had access to a surgeon, would have done well with a rag tied round his finger or hand. And, in regard to fingers: there is rarely any need to involve the hand and wrist in a dressing intended for an injury to a finger alone. In such a case, it is sometimes desirable to go a little way from the injury; but usually it is sufficient to pass one joint above and below, and to treat separate fingers separately. Sometimes two or more may be bound together for mutual support; but often it will pay in comfort to the patient, to dress each by itself, and to release at once any one which is well enough to be let alone, and not to keep it waiting upon others.

The placing of cotton under a bandage has other uses than to facilitate the application of water. One of the most important is, to exert uniform pressure, to prevent swelling, to promote absorption of effusions. One who has not tried it systematically would hardly believe what this sort of compression will accomplish; and I think it might be set down as a rule, that all contusions of joints, and most inflammatory swellings, should be subjected to the equable compression and gentle warmth of dry cotton and a pretty firm bandage. Here again I have found it advantageous to follow the suggestions of Mr. Sampson Gamgee, and have come to prefer this method to the traditional lead-water and laudanum.

Before leaving the subject of bandaging, I would like to call your attention to a method of applying a bandage to a limb, recommended by Mr. Sampson Gamgee, which does away with the need for making "reverses," and which makes a much better bandage in many ways than the ordinary one. Two of its advantages are, that it is easier to apply and much less likely to slip. The method of its application is simply to begin at the distal extremity with a few circular turns, and then go up the limb without reverses and letting the bandage go where it will, always resting smoothly against the surface. If allowed to go where it will, it passes spirally up to the next joint, turns naturally pretty straight round below this, and descends in another spiral, crossing the first with a sort of lattice-work until it reaches the bottom. Here it will go round again and incline upward to repeat the former course. The least guidance imaginable will cause the bandage to cover the spaces left open by the previous spirals, and the limb is covered in smoothly and evenly, and as thickly and firmly as the operator's will and the length of the bandage permit.

6. Splints.

I have already once or twice incidentally indicated what I think to be an important point in regard to splints, and worthy of more particular mention—I mean their weight. A splint should be no heavier or thicker than is absolutely necessary. The lighter the better, is, I think, a good principle. Let light pasteboard be used when possible, or the very thinnest wood. Nor need their weight and thickness

be increased by padding. This is especially true in regard to splints for the arm, where wooden splints are oftenest used. I find it sufficient to wrap a thin wooden splint in waxed paper, to make it perfectly smooth and keep it clean, and to interpose between it and the arm a double strip of lint. These I fasten in place, on the arm, with three or four strips of adhesive plaster, avoiding the seat of fracture or other injury, and covering all in with a light bandage. Then the parts can be examined at any time by simply removing the bandage, without taking off the splint or disturbing the seat of the injury. Of course, little wads of cotton may be placed where the member does not touch the splint, and bony prominences must not be pressed too hard against it.

And here I wish to urge upon your attention what I think the best splint for the forearm and hand. Since adopting it, I have found that, like many other supposed discoveries, it is by no means new. But it is so little used that I think it can hardly be much better known to many others than it was several years ago to me; I mean the posterior, straight splint. Any one who studies a forearm will see that when the hand and finger are extended, the dorsal surface is almost an accurate plane, while the ventral surface is very uneven. Arguing from this, I thought it well to follow the apparant hint of Nature, and to use this surface for my splints. I soon found that I could treat injuries of the forearm and hand, requiring a splint, very successfully with a thin, straight splint, applied in the way just described. And I may say that I have found it much easier to prevent stiffness of the wrist-joint—the bane of fractures at the lower end of the radius-by this, than by the time-honored Bond's splint, which I have not used for several years. With the Bond's splint I have, in former years, had much trouble from stiffness, and seen much trouble when it has been used by others, because, while the position of the hand seems to be favorable to motion, I have not found it really so, but that the patient's fingers are either bound to it too firmly, or they themselves clasp the block so constantly and so rigidly, in spite of all injunctions to the contrary, as to tend to stiffening of all the joints involved. I need scarcely add to what I have already said, any further arguments as to the advantage of the posterior splint in the way of lightness and the facility it affords when used in the way I suggest, for examining the seat of injury without disturbing it. The Bond's splint, on the other hand, as frequently applied, is heavy, hot, more or less painful, and troublesome to remove for subsequent examination.

7. THE SLING.

I cannot close these remarks without saying-what my observations lead me to believe is not uncalled for-a word about slings It ought to be an invariable custom—with those rare exceptions in which for the purpose of drainage it must be reversed—to have a sling so regulated that it will support the hand at a higher level than the elbow. A neglect of this very simple, and, I believe, very important, rule is sometimes followed by great pain and swelling of the hand, and a degree of discomfort which would be incredible to one who had not investigated the matter. Further, a sling should be broad enough to support more than a narrow strip of the arm, or one will be apt to find its position mared by a furrow dividing two swollen parts of the arm, in a manner which is not neat, and which suggests possible injury or interference with the most rapid recovery. Another point about slings concerns the length of time they should be used. Here, again, I think our routine is sometimes too rigid. It cannot be stated exactly how long a sling may be useful: but I have often found it of advantage to let an arm be taken out and allowed to swing at the side, at least occasionally, long before the splint could be dispensed with. If any of you who have not done so already, will try this plan with your patients, I think they will thank you for it, and that neither they nor you will regret it.

There are other matters which have occurred to me in my hospital and private experience, of which I might speak, if I had time and you had patience enough. But I must close with one suggestion which I think of too great importance to be wholly omitted; this is: never to neglect, in treating a surgical injury, the constitutional condition of a patient. I have rarely seen a surgical case which was not the better for some medical treatment. A look at the tongue, and a question or two, will usually convince us that a patient will be helped by having the bowels cleaned out with a brisk saline purge. In almost all inflammatory conditions, such as carbuncles, abscesses, felons, deep palmar or plantar inflammations, it is my invariable rule to order a saline purge and follow it with a full dose of the tincture of the chloride of iron, or of Huxham's tincture. Quinine I do not use, because, for some reason which I cannot give, the preparation of bark seems to do more good.

And with this I close my remarks. I trust they may not be thought too trivial to have occupied your attention, or too dogmatic, in view of what may be very different opinions on your part. They are, as I have said, notions which I have acquired from my own experience, and which, if correct, may help others, and if incorrect, I shall be glad to have made right.

Discussion on Suggestions for Surgery.

Reported by G. Betwon Massey, $M.\ D.$

Dr. John H. Packard, in opening the discussion, said: The ground embraced in Dr. Dulle's communication is so very extensive, that it hardly admits of full discussion; but indeed, what I shall have to say is not so much in the way of unfavorable criticism as of endorsement and addition.

First, as to salivary fistula: while admitting the ingenuity of the proposed bed, I think it would be, in many cases, rendered doubtful by the difficulty of procuring the discharge unmixed with saliva.

In wounds of the face, one important object is the avoidance of unsightly scars; and hence the removal of scabs or crusts of blood is often imperatively called for, in order that the surgeon may assure himself of the proper coaptation of the edges.

I endorse entirely what Dr. Dulles says of the propriety of cleansing the surfaces of wounds with water. A very handy way of doing this, especially in private practice, is by means of a syringe, which need not be very large. An article known as "Hall's Health Syringe," may be used to advantage; the liquid to be used being placed in a bottle and not coming in contact with the bulb or valve, so that medicated washes may be employed without damage to the instrument itself.

As to hemorrhage, I would qualify what Dr. Dulles has said. We are not, in my opinion, as a general rule, justified in closing a wound until the bleeding has been completely checked; hot water will generally effect this, or if there is a small vessel spouting, a serre-pin may be applied for a short time. Whenever prompt healing is to be aimed at, clots should be carefully removed before bringing the edges together. In saying that it is well to allow some blood to flow from a wound, and to empty the vessels in its neighborhood, Dr. Dulles is in accord with Paré, who, three hundred years ago, recommended such a course after the performance of amputation.

I concur with Dr. Dulles in his condemnation of the careless and slovenly use of styptics, and especially of the tincture of chloride of iron. During the late war, in the military hospitals, I many times saw wounds stuffed with this article, forming a mass of mud which had to be dug out, the bleeding continuing beneath it. Some of the gentlemen here to-night, I know, shared this experience.

One of the best and cleanest styptics, known as that recommended by the elder Pancoast, consists of potassium carbonate, soap and alcohol. It has the disadvantage of causing very sharp pain for a few moments after it is applied, but it is very effectual. In cases of alveolar hemorrhage,

a method which I have found useful, is to make a small cone of cork, cover it with "styptic cotton," and press it into the cavity. Such a plan might answer also in cases of pus oozing from vascular bone after the removal of sequestra: but hot water generally suffices here.

Hemorrhage from either palmar arch ought, in my opinion, to be dealt with by cutting down upon the wounded vessel, and tying it on either side of the orifice, or securing both ends if it is divided. I have seen so much trouble from less decided practice, resulting at last almost always in a resort to the procedure just named, that I believe it to be the best surgery to adopt the latter in the first place.

With regard to dressings, I think lead-water and laudanum very valuable, but it needs to be sufficiently diluted, so that absorption may take place, otherwise it simply shrivels and corrugates the skin. A very large list of ointments, vaselines, with or without morphia, resin cerate, compound elemi ointment, etc., might be added to the small list given by Dr. Dulles.

In cases of painful ulcers or raw surfaces in healings wounds, which have sometimes exquisitely sensitive spots, the covering of such spots with a little piece of the "skin-plaster," sometimes called "gold-beaters' skin," will often afford efficient protection, and allay the pain given in dressing.

A form of poultice which has given me much satisfaction is the "dry poultice," consisting of an even sheet of raw cotton, applied warm to the part, and then covered with oiled silk, oiled calico or waxed paper.

Collodion is rendered much more efficient by the addition of gtt. v of castor oil to each f 3i. This gives it a slightly unctuous or greasy feel, and makes it both more flexible and more adhesive.

Bandages are perhaps often applied too tightly, with the idea that they will retain their hold better; yet we very rarely see serious damage done in this way, and I think the more common error is to bandage so loosely as to fail of giving the parts proper support.

It seems to me that the practice of confining the rest of the hand, or a large portion of it, in cases of injury to a finger, is eminently judicious; the patient is very apt to use the hand so freely, if this is not done, as to interfere with the well-being of the injured member.

With regard to the padding of splints, I think cotton is very often improperly used. It ought to be in very even sheets, of carefully adapted thickness, and should be changed at once when it becomes sodden and lumpy with perspiration. I prefer it decidedly to the coarse and thick oakum sometimes employed. I have often used a double fold of what is known as Canton flannel, for the lining of splints, with satisfaction both to myself and to the patient.

I would like to ask Dr. Dulles, if, in fracture of the middle of the forearm, he would apply a dorsal splint?

DR. Dulles: I would in some cases.

DR. PACKARD: I think that, in the application of a single splint to a fracture of one or both bones of the forearm near the middle, there would be danger of loss of the interosseous space by pressure of the bandage, as well as of irregular union of the fragments by the rotary movement allowed to the part. The latter can be prevented, however, by the simple device of extending the splint up along the arm, with an angle at the elbow.

The subject of the so-called Barton's fracture (in reality Colles') is too large for me to take up now; but I must say that I cannot see how such injuries can be efficiently treated with the dorsal splint. Good results have been claimed to have been obtained with every one of the various forms of splint proposed for the treatment of these fractures; but the fact is, that the mere restoration of the use of the arm has been regarded as a good result. I have seen many cases which had been treated by the most careful surgeons with Bond's splint, for example, and in every one there was a marked deformity, and a certain loss of power of flexion, remaining at the end of many years; in some there was also notable weakness, especially in the action of pushing. I think we ought only to be satisfied with the most perfect

attainable results; with the restoration of the broken limb to its exact normal shape, its full power, and its free motion, as nearly as it is possible for us to effect it.

DR. S. W. GROSS: The ulcers, alluded to by Dr. Packard, characterized by a great deal of pain, may be found in other than syphilitic subjects, although they are especially frequent in such cases. The pain is caused by the exposure of the nerves in the granulating mass. By finding the sensitive points, the pain may be relieved by divining the nerve trunks with a tenotome, applying nitric acid and then a watery solution of morphia and chloral.

I don't think Dr. Dulles wants blood to remain in a wound; it keeps the surfaces apart and furnishes material for decomposition and its consequences. I quite agree that no haste should be made in taking up small arteries, but am not prepared to endorse the statement that all hemorrhages of the palmar arch can be treated by pressure alone. I cannot but think he would tie the principal arteries. In treating such a wound it becomes a duty to arrest hemorrhage by ligature, acupressure, or other precaution, with subsequent application of the roller bandage.

To prevent gangrene, the roller bandage should be applied carefully and removed after the first eighteen hours. The compress then readily remaining in place from adhesion, the bandage may be reapplied lightly. If hemorrhage becomes imminent, an excellent tourniquet is the flexion forcibly of the bandaged elbow.

I enter a protest against the wholesale denunciation of styptics of the previous speakers. I do not think the surgeon should apply Monsel's solution when ordinary measures will answer, but there are certain wounds in which styptics are absolutely necessary. Thus, in a case of removal of the hypertrophied tissues of the palate, the surface was bleeding severely, the blood coming from the posterior palatine artery, where it was impossible to apply a ligature or the hot iron, a watery dilution of Monsel's solution was applied on cotton, and firmly pressed against the bleeding part with the finger, with immediate results in

stoppage of hemorrhage. The importance of black heat as a hæmostatic is too little appreciated.

DR. PACKARD: I desire to say that I did not denounce styptics, but merely their improper use.

DR. R. J. Levis: I have been interested in the recommendation of the dorsal splint. If the simple straight splint is to be used at all, it should be placed on the dorsal aspect of the arm, as this side more nearly corresponds to a straight line than the palmar surface. With regard to fractures of the radius at its lower end, none can be treated by an anterior or palmar straight splint, without great deformity occurring, due to forcing upward of the lower fragment and destruction of the natural concavity of the lower surface of the bone. The dorsal surface being less concave and more nearly a plane, is more readily adapted to the straight splint.

If Bond's splint were turned upside down, it would serve its purpose almost better than as it is usually used.

DR. JOHN B. ROBERTS: The value of the paper just read is shown by the fact that each speaker discusses a different point. There are two or three not yet reached. Very incidental mention of the exploring needle was made. I always carry a hypodermic syringe with glass cylinder, which acts well as a suction syringe, and is preferable to the exploring needle. In following hospital practice one may see poultices frequently misused, and giving rise to large, flabby sores, requiring subsequent use of astringents. I am sorry that I have to differ from my friend, Dr. S. W. Gross, as to styptics. These are generally useless, and if not useless, inefficient. When they are used with pressure, as in Dr. Gross's case, it is usually the pressure that stops the bleeding. The thumb alone would have been sufficient, or the absorbent cotton. Splints are almost always kept on too long. I always use, for fractures of the lower end of the radius, a Levis metal splint, kept in place two weeks, then I apply a strip of plaster around the wrist to give a little support and remind the patient that his wrist has been

broken. I believe no possible use can be found for Bond's splint. Nothing has been said, to-night, of moulded splints. A good moulded splint is made of gutta percha soaked in hot water, but the resultant sweating, caused by it allowing no evaporation, is an objection.

DR. ADDINELL HEWSON: I had the good fortune to see Dr. Bond apply the Bond splint for the first time. He always insisted that the elbow should be above the shoulder and the hand in middle pronation-supination. The side piece was shorter, and a cavity was made for the internal condyle. He made the patient grasp the splint firmly during the process of reduction of the fracture.

Another point I may notice is forced flexion at elbow- or knee-joint, for arresting hemorrhage. This will nearly always succeed.

Finely powdered white sugar, sprinkled over a bleeding surface, is an excellent styptic, without the disadvantages of some. The sugar should be used powdered, not granulated.

Donna Maria gauze, applied in strips across a wound, and secured at its ends by collodion—a most excellent device of the late Dr. Paul Beck Goddard—gives us the advantage of seeing how well the coaptation of the edges is effected and maintained.

DR. GEO. E. STUBBS: I have been very much interested in the paper of this evening, and appreciate the value of the points brought up by the surgeons present. I differ from Dr. Roberts as to the use of exploratory needles. In deep-seated abscesses, the grooved needle is better, because the groove affords an immediate guide to the knife point, if pus is found.

In cleansing wounds, the so-called "household syringe," on account of the gutta percha ends keeping free from rust, is excellent.

In this age of germ discoveries and theories, the water used should be boiled, or at least carbolized; especially if

it is derived from the Schuylkill. Where there is inflammation, the lead and laudanum wash is almost always useful. As an ointment, Goulard's terate is useful. In sluggish ulcers of a specific character, I have found an ointment of iodoform, acetate of lead, ether and cosmoline, preferable. As to the use of styptics, in the late war, I had the same experience in the use of the persulphate of iron and Monsel's salt as has been mentioned, namely the formation of mud-like masses. I have been troubled with the same collections in arresting epistaxis, and have found that the removal of the mass would bring on a fresh hemorrhage. In such cases, I have found that the inside, the fatty part, of a bacon rind, smeared with tannic acid, or a common, soft lamp-wick, similarly treated, and pushed into proximity to the part affected, arrested the hemorrhage at once, without any after-trouble.

DR. DAVIS: I have seen the straight splint, without padding, used quite considerably in one of our hopitals, and it aways flattens out the surface very much, and often causes ulcerations of the projecting bony points, as the knuckles, wrist and condyles. Cotton has been advised, instead of oakum, as a packing material. Oakum, I think, is better, as it does not pack so quickly, and retains its elasticity longer. Instead of extending the dorsal splint up the arm to prevent its turning, as suggested by Dr. Packard, the end near the elbow may be cut away on its inner side, leaving a projecting arm on its outer side, which passes backward beyond the humerus, thus preventing the splint rotating. In using a straight dorsal splint for fractures of the forearm, I have followed the plan of Roser, of Marburg, who extended the splint beyond the flexed wrist, and filled up the space between the back of the hand and splint with wedge-shaped pads. Bond's splint is often unsatisfactory, and even dangerous, from its tendency to flatten out the ball of the thumb, and twist the thumb backwards. I have seen some marked examples of this.

DR. DULLES, in closing the discussion, said: Mr. Gough used to say, in the introduction to one of his lectures, that he selected his subject as a peg on which to hang his thoughts; in like manner, I feel that, if my paper has served no other purpose, it has been useful in furnishing a peg on which those who have followed me have hung very valuable thoughts. The hour is too late to permit a reply to all the opinions which have been expressed contrary to those of my paper, and, besides, in all of them I have only received the discussion, and in some the correction, which I asked for. One or two points, however, I would briefly refer to. First as to the use of the hypodermic syringe, instead of the exploring needle. I have used the former at times, but I prefer the latter, because it is easier to clean, and I feel little safer in employing it, for this reason. Second, as to the treatment of painful ulcers. I have found it very useful to cauterize these—which in a large number of cases are syphilitic—thoroughly with strong nitric acid, and then dress them with oil or an ointment. According to my observation, this is usefully followed by complete relief from pain as soon as the pain of the application, which does not last long, passes away. Finally, in regard to the production of ulcers by the straight splint, which has been mentioned as an objection by one of the speakers. I think it is safe to say that, whenever a surgeon finds the use of any apparatus causes ulceration, it is wise for him to abandon it. But, in my own experience, this result has never followed the use of the straight splint. Further, as to the efficiency of the splint: I have used it now for about three years, without accident, and with such good results that, notwithstanding any theoretical considerations to the contrary, I have no hesitation in continuing to use it, or in recommending its use.

ABSTRACTS EXTRACTS AND ANNOTATIONS.

MEDICINE.

FATAL NARCOSIS IN AN ADULT FROM ONE-FOURTH GRAIN OF MORPHIA HYPODERMATICALLY.

The interesting report of this case by Dr. Thad. A. Reamy and the discussion which followed before the Cincinnati Academy of Medicine are reported in extenso in the Cincinnati Lancet and Clinic of Jan. 3, 1885.

The patient was Mrs. L., Lexington, Ky., æt 28, medium height, blonde, light brown hair, light eyes, phlegmatic temperament, well-developed, weighing 165 pounds.

Menstruated at 12 years, married at 20, confined of a healthy male child at 23, never suffered any miscarriages.

Since confinement the following subjective symptoms:— Pelvic pain, especially in left side, constant and exaggerated at menstrual epoch; a feeling of languor and indisposition to exertion, which easily fatigued; a condition not in har-

mony with patient's general appearance.

Physical examination: heart, lungs, liver, kidneys, apparently sound; uterus, slightly retroverted with slight prolapse, slight left lateral laceration of cervix, with firm cicatrical plug at bottom of laceration, mild chronic cervical endometritis, with characteristic discharge; vagina more ample than normal consequent upon vaginal perineal laceration, remainder of perineum being undamaged,

With this condition present, Dr. Reamy concluded to

close cervical rent and to repair the perineal injury.

Sept. 29, 1884, patient etherized, both operations performed, cervix closed with three silk sutures and vaginal perineum with three silver (No. 28) sutures, no external denudation Duration of both operations thirty minutes, patient taking only small quantity of ether and behaving under it with entire satisfaction. Restoration to consciousness rapid and complete. One hour and a half after operation, severe pain in region of vaginal operation. Such pain being usual in such cases, morphia sulph. gr. ¼, atropia sulph. gr. 1-96 was given hypodermatically in the arm, a few drops of solution being lost; in twenty minutes, thorough relief.

One hour and a half later, patient was found unconscious, breathing heavy and slow, skin, cold and damp; pulse,

feeble and rapid; pupils contracted. Atropia, 1-96 grain, injected; attempts to rouse patient, heat and friction to extremities, cold water on face, all failed. The atropia was repeated and further efforts made, infusion of strong coffee, frictions and heat again, mustard plasters over extremities and abdomen, head and trunk elevated, all without avail; respiration fell to 6 and 8 a minute, very shallow, pulse, 120. Dr. Mitchell was called in. The phrenic and pneumogastrics and intercostal nerves were faradized, as well as possible, one pole being placed near the origin of phrenic and over pneumogastric alternately, the other being alternated between diaphragm and intercostal muscles; temporary improvement only. Artificial respiration was resorted to and continued most earnestly until heart stopped. I I-20 grain atropia injected, without effect, patient lying in profound coma eight and a half hours after administration of the morphia.

Among the striking points in the case, Dr. Reamy

mentioned,

Time elapsing between injection and effects;
 The fatal effects of such small quantity;

3. The rapidity of heart after complete narcosis;

The stubborn refusal of response to measures;Possibility of morphia's not causing the death.

A very interesting discussion followed the reading of the

paper.

In this discussion, extending through two meetings of the Academy, a dozen or more members took part, reviewing very thoroughly the features of the case. Many of the speakers expressed some doubt as to morphia's being the cause of death and attempted to account for the death in other ways. One of the gentlemen remarked that while very serious symptoms have been known to follow the administration of even less than a quarter of a grain, still the case reported was the first, so far as he was aware, in which the death of a healthly adult resulted from so small a dose. He thought the case of Dr. Reamy a doubtful one for the following reasons: the time (one hour and a quarter) between injection and the coming on of unconsciousness was too long, morphia, hypodermatically, usually producing its effects on cerebrum in from five to twenty minutes; the means usually resorted to had not even temporary effect on the coma; no post-mortem examination, which might have revealed a cerebral hemorrhage, had been held. Other gentlemen took issue with this opinion, accepting the case as a distinct case of morphia narcosis. These gentlemen referred to reported cases, in which adults had been fatally poisoned with one-sixth of a grain and even less (II. C. Wood's Therapeutics, 3rd edition, p. 125). Such cases, they thought, should be explained by idiosyncrasy. We must accept the existence of idiosyncrasies, whether we understand them or not. Dr. Reamy thought it would be highly improper to say, that because the dose was so small, it was not the cause of death; as some of the speakers had remarked the symptoms stamped the case as one of morphia narcosis.

Another gentleman said a number of features ought to be considered: 1st, the operation; 2d, the ether; 3d, the atropia; 4th, the possibility of after-collapse; 5th, thrombus; 6th, apoplexy. As to the first and second, the patient had rallied well, and as to the atropia, he felt satisfied that the doses given could have had nothing to do with the result. Had chloroform been given, collapse might have come on after the time mentioned, but it seemed clearly not so in this case. Correct ideas concerning the formation of thombi would scarcely permit one to assign this as the cause of death. Finally, the typical symptoms of morphia poisoning had been narrated by the reporter. Regarding an objection urged by one of the speakers, cases were quoted to show that collapse from morphia may sometimes come on some hours after administration of the drug, the patients even for some time walking about and conversing

with vivacity.

Some thought the atropia ought to have been given in larger quantity. One said he would, in a case as reported, give 1-10 grain, if the asphyxia did not yield 1-4 grain, and if no effect was noticed in twenty minutes, 1-2 grain. The case of Johnson's was referred to, in which a patient had been rescued by one grain of atropia. Johnson, whose experience had been extremely large, frequently employed large doses, from 1-3 to 1-2 grain, and he considered it the remedy par excellence in severe cases. Dr. Reamy and those who thought his treatment had been correct, said the possibility of the existence of apoplexy, the peculiar character of the pulse, and other considerations, admonished him to be cautious in the use of atropia. Hence, he had

used small doses, repeated.

Others insisted that the faradism of the pneumogastric, an inhibitor, was wrong; that only the phrenic should have been stimulated.

Want of space forbids our abstracting more at length this interesting and instructive discussion.

OCCLUSION OF VENA CAVA SUPERIOR.

In the Boston Medical and Surgical Fournal we find the report of this very interesting case. Man, cet. 72, admitted to Pennsylvania Hospital, September 18, 1883, under charge of Dr. Arthur V. Meigs. For thirty-five years an iron-moulder, during the past year a pedlar, always strong and well until in the last two years, when pain in lumbar region troubled him, increasing in the last three weeks. On September 18, while standing by the edge of the river, he was seized with a sudden vertigo and fell into the water. When brought to hospital the following notes were made: — tall and spare stooping slightly; skin yellow, tongue furred, radial arteries markedly stiffened; veins on right side of chest and abdomen enlarged, some even one-half inch in diameter, those on the left slightly enlarged; prominent veins extend also toward right axilla. Examination of heart reveals presystolic murmur, there is slight impulse in epigastrium, at the base sounds almost inaudible, but heard beneath the sternum, second sound loudly accentuated at apex; hepatic dullness from sixth rib in nipple-line to a little below the costal arch; radial pulse irritable but not increased when arm is elevated.

September 21. Cardiac impulse noted in the fifth interspace, two inches to left of sternum; feeble more forcible impulse below sternum and visible throbbing of abdominal aorta.

The area of cardiac dullness much increased, beginning on left side in the third interspace, on the right in the first; impaired resonance over upper part of sternum. There is distinct impulse in the second interspace to the left, also in the same space on the right, preceding the apex beat. Presystolic murmur at apex distinct, at pulmonary and aortic areæ sounds indistinct, at ensitorm cartilage, both distinct, the first being thumping and accompanied by a faint blowing murmur synchronous with the carotid beat. No undue pulsation in the neck, but there is a systolic murmur in carotids increased by pressure, the same in the subclavians. This is also marked in the femorals and in abdominal aorta as low as umbilicus. Lung examination shows impaired resonance at right apex, the note being full on the left, the respiratory sounds being more feeble at right than at left apex: posteriorly, percussion note short but not markedly dull, respiratory sounds unusually feeble.

September 23. Radial pulse delayed, pressure upon enlarged superficial veins at lower third of sternum shows downward current.

September 28. When patient is erect, veins on left side between sternum and nipple become enlarged. The collection of veins is cone-shaped, base being at umbilicus, which they partly surround, the apex at ensiform cartilage. Veins going towards axillæ and on upper part of sternum also enlarged. Chest at the nipple-level measures thirty-three and five-eighths inches, ordinary expansion one-eighth inch, forced only one inch. Percussion dull over both lungs anteriorly, and over upper part of left posteriorly, the respiratory murmur being very feeble, especially above, over both sides, almost absent on left side anteriorly.

Patient complained continually of vertigo and finally, in desperation, cut his throat, dying on December 20, 1883.

The autopsy made by Dr. Longstreth. — The large vein on right side of neck was injected with gelatine colored by carmine, and the whole mass of thoracic and upper abdominal organs was removed with the anterior walls of these cavities.

The result of the examination showed obliteration of lower part of left innominate vein and of the whole of superior cava, the right and left innominates being much enlarged above the obstruction: from the posterior wall of right innominate the probe traced a vessel downward into the thorax-it was supposed to communicate with right azygos, but the vessel coud not be found; the left azygos was found extending from arch of aorta to diaphragm and enlarged to one-half inch diameter and in dividing the tissue of posterior mediastinum the veins of communication between intercostal and spinal vessels were found unusually large, from one-third to one-half inch in diameter; numerous large veins were found passing from the neck behind the trachea, commencing at the level of the episternal notch and terminating in commencement of left innominate vein above the occlusion: the injecting material had filled veins of arms and neck, the spinal and intercostal vessels in the thoracic portion, numerous large veins in the diaphragm converging directly towards the inferior cava, and also the abdominal portion of that vessel; the heart was enlarged, both ventricular walls being thicker than normal: there was narrowing of the mitral orifice, the auricular aspect of valve being rough from calcareous deposit; the aortic cusps were all affected materially by calcareous and fibrous deposit, the other valves and orifices being normal; the aorta and principal branches were very much diseased, the whole aorta being dilated (not aneurismal) from heart to diaphragm, the walls being thickened and rigid from atheromatous changes with calcareous degeneration; the opening of inferior vena cava into auricle appeared one half as large again as normal, the opening of superior cava was obliterated; finally, all the connective tissue around the arch of aorta and principal branches was increased in amount, very dense and firmly adherent to sternum in front as well as to bodies of vertebræ behind—this tissue enclosed the venous trunks from which it was with great difficulty separated.

The trouble must have had its origin in a periarteritis around the ascending or transverse aorta, giving rise to proliferation and gradual condensation of the connective

EXPERIMENTAL STUDY UPON INFECTIOUS ()STEOMYELITIS. (RODET.)

In the pus from two cases of osteomyelitis, Rodet found fine, moving micrococci, sometimes single, sometimes grouped in chains or small heaps, most frequently in pairs, as a figure-of-eight or diplococcus. It can be easily cultivated in bouillon, gelatine, and upon slices of cooked potato. In solid media it multiplies in spots, which are recognizable by their orange-yellow color, but their development is slow, and not nearly as rapid as in fluid media. The injection of cultivated micrococci gave the same results as injections with pus. Intra-peritoneal injections gave no results, and the subcutaneous injections had but little effect. Intra-venous injections give very characteristic results, and give rise to an osseous, as well as a periosteal process.—Deutsche Medizinal-Zeitung.

RESORCIN IN OBSTINATE VOMITING.

(Dr. J. Andeer.)

A. reports several cases of intractable vomiting in which pure resorcin acted most admirably, and where all other remedies had failed. The doses he gave were up to three grammes (45 grains), internally. The resorcin not only allays the vomiting, but also aids digestion in a high degree. In acute resorcinism, Andeer recommends good red wine as an unfailing remedy.—Deutsche Medizinal-Zeitung.

SUGAR OF LEAD IN PHTHISIS. (BIEDERT.)

Lead does not act favorably against the development of the phthisical processes. The only symptom that was almost invariably relieved, was the expectoration, which, in six cases in which it was very abundant, was diminished to one-half or one-fourth; the mucous râles disappeared at the same time. This diminution was ascribed to a contracting action of the lead upon the smaller arteries. Upon this action depends the more powerful and more important hæmostatic properties. In eleven patients, 15 to 46 years of age, with severe or obstinate hamoptysis, the hamostatic action of the lead was so marked and prompt, that Biedert claims that acetate of lead is the most powerful and certain hæmostatic that we possess. Of these II patients, 7 suftered from phthisis, 2 from chronic and I from acute pneumonia. Seven of them had already been vainly treated with the ordinary hæmostatics. The acetate of lead checks the hemorrhage in 12, 18, 24 or 36 hours. In order to produce the hæmostatic effects, the acetate of lead must be given energetically; 1-2 to 5-6 grain every two or three hours; and opium must be combined with it when severe cough is present. The quantity of sugar of lead employed varied, in different cases, from 7 to 75 grains, without producing severe ill effects; one consumptive had lead colic after taking 7 grammes (108.5 grains). Biedert says that a certain hæmostatic effect is observed in obstinate hæmaturia of young children.—Deutsche Medizinal-Zeitung.

PNEUMONIA BILIOSA. (Dr. H. A. Janssen.)

Janssen, in his work, arrives at the following conclusions:

Pneumonia biliosa and pneumotyphus are identical, and would be best entitled: Primary Asthenic Pneumonia.

In pneumonia biliosa, the jaundice is not the cause of the asthenia, but a direct result of the infection. Primary asthenic pneumonia and croupous pneumonia are produced by the same virus.—Deutsche Medizinal Zeitung.

BACILLI TUBERCULOSIS IN THE EAR.

(PROF. VOLTOLINI.)

V. calls attentions to the fact that, in doubtful cases of tuberculosis, the discovery of bacilli in a co-existing suppuration from the ear may be of great diagnostic importance.

He justly places a high value upon the examination of an otorrhoic secretion in suspected children, in whom it is

difficult to obtain sputum for examination.

In one case, cough and otorrhoic discharge came on after measles, and after death extensive tuberculous destruction of the ear was found. It is worthy of remark that in this case the tubes were free, and that the invasion of bacilli could only have taken place by way of the blood.— 'Deutsche Medizinal-Zeitung.

THE USE OF CALOMEL IN OTORRHŒA.

(J. GOTTSTEIN.)

Starting out with the assumption that calomel is in part converted into corrosive sublimate in fluids containing sodium chloride, Gottstein employed it in secretions from the ear as an antiseptic. Calomel is absolutely unirritating to the mucous membrane of the tympanum, and forms no crusts or precipitates difficult to remove (as alum).

According to Gottstein's experiments, calomel is to be preferred to boracic acid, on account of its marked disin-

fecting properties.—Deutsche Medizinal-Zeitung.

TUMOR PASSED BY THE BOWELS, CONSISTING OF CYLIN-DRICAL EPITHELIUM.

(J. Dejerine.)

A man of 45 years, who had for several months suffered from digestive disorders, diarrhoa alternating with constipation and bloody stools, had a deep-seated and ill-defined tumor in the hypogastric region. One day, the tumor was expelled with a bloody stool. It was of the size of a hen's egg, had a smooth surface, and at its lower end showed the remains of the pedicle which had bound it to the intestine. Under the microscope the tumor presented the characters of a cylinder-celled epithelioma.

Such cases are very rare. In another similar case, the tumor was likewise expelled with the fœces. It is worthy of notice that the intestinal mucous membrane can produce such large tumors, without causing symptoms of obstruc-

tion.—Deutsche Medizinal-Zeitung.

ENTEROCLYSIS: A NEW METHOD OF TREATING INTESTINAL DISEASE.

In a work by Dr. Muselli, of Bordeaux, on enteroclysm he points out the great utility of this method of treatment in several cases which are considered more or less intracta-

ble. He describes the enteroclysis as an instrument designed to inject different liquids into the intestines. It is composed of a metallic vessel capable of containing two liters of fluid. To the body of this pump is adapted an india-rubber tube of four or five meters in length, at the extremity of which is fitted a pipe of twenty-five or thirty centimeters long, and is also provided with a tap. In fact the enteroclysis is the ordinary French irrigator or syringe considerably increased in size. The force of the fluid injected by the enteroclysis is far greater than that of any other syringe, or even than that of the seltzer-water syphon bottles, which are sometimes resorted to in similar cases. as with the enteroclysis the liquids have been known to reach the small intestines and even the stomach In some cases the liquid injected by the anus has been vomited by the mouth. The employment of the instrument is simple enough; it is suspended filled with the liquid for injection. at the height of a few feet above the level of the patient; the patient, either in a sitting posture or lying in his bed, introduces the pipe into the rectum and opens the tap.

The following are some of the cases in which Dr. Muselli employed the instrument with apparent success: (1) Nervous affections of the intestines or what is termed intestinal dyspepsia. This affection, is due to the passage from the stomach to the intestine of badly prepared chyme, which soon ferments. The pain which accompanies this dyspepsia is dependent on the nervous system. The washing out of the stomach with the stomach-pump containing an alkaline or other liquid is unbearable to certain subjects. This can not be said of the enteroclysis, which has the advantage of completely emptying the entire tract of the intestinal canal. The nervous spasm of the intestine is modified by enteroclysm. Constipation independent of an affection of the nervous centers, and having for cause a local malady of the intestine, is also cured by enteroclysm. (2)

In congestive and inflammatory affections of the intestine, such as simple enteritis, ulceration of the mucous membranes of the intestines in dysentery and typhoid fever, enteroclysm is invaluable, as by its means the intestines are thoroughly cleared of all offending matter, and instead of administering by the mouth the various preparations used in such cases they may be preferably introduced directly into the intestine. (3) In intestinal occlusion, enteroclysm is a great resource as a remedial agent. The author cites several cases of cure by this means. (4)

For feeding by the rectum enteroclysm is preferable to simple enemata, as by the latter no more than fifty or sixty grams of fluid can be injected into the rectum at a time, whence the necessity for repeating these enemata several times in the day, which ends by producing irritation of the anus and rectum. Moreover, the nutritive fluids introduced only into the rectum do not undergo the phenomena of digestion, whereas with the enteroclysis a much larger quantity of alimentary fluid can be introduced and pushed much farther into the intestine, where it would be in direct contact with the digestive fluids. As a precautionary measure the liquid to be injected may be rendered lukewarm, and previously submitted to the action of pepsin or the gastric juice of animals. In the divers cases where the introduction of alimentary substances by the mouth is impossible (tetanus, paralysis of the muscles of digestion, etc.) the necessary quantity of water may be furnished to the organism by enteroclysm. The author then points out the great utility of enteroclysm in the following circumstances: In impassable stricture of the esophagus, enteroclysm should be employed before resorting to gastrotomy. Should the structure be of a cancerous nature, gastrotomy and enteroclysm may be utilized at the same time. stricture is the result of an ulceration or of syphilitic gummata, enteroclysm may be resorted to for the administration of the iodide of potassium and of alimentary substances by enemata. Gastrotomy should be resorted to only in case of failure by the above treatment. In stricture resulting from the swallowing of caustic substances, enteroclysm will often be found sufficient to keep up the strength of the patient and thus defer the necessity for gastrotomy for an indefinite time. In case of cancer of the pylorus enteroclysm is preferable to gastrotomy. In grave dyspeptic troubles caused by anemia enteroclysm should be tried before having recourse to transfusion of blood proposed in these case.—Louisville Medical News, February 14.

THE EFFECTS OF BROMOFORM, BROMETHYL, AND BROMETHYLENE.

Bonome and Mazza, from a series of physiological experiments recently conducted in the laboratory of Professor P. Albertoni, in the university at Genoa, obtained the following results: (1) Bromoform is a general anæsthetic. Dogs and guinea-pigs almost always show the same symptoms of anæsthesia and muscular relaxation, fol-

lowing inhalation, that the human subject does. In five experiments upon men, three were well narcotized, the effect lasting for a whole hour; in two (probably on account of the use of a defective preparation containing free bromine) there was no narcosis, but, on the contrary, irritation of the conjunctivæ, a flow of tears, burning in the eyes, etc. The narcotic action they believe to be a little slower in appearing than when chloroform or ether is used, but the success is apparently the same as with both of these valuable anæsthetics. (2) The narcosis obtained from the inhalation of bromoform is free from the stage of exaltation which we are called upon to witness during chloroform administration. On this account preference should be given this agent in case the patient is subject to epilepsy or alcoholism. Billroth and Nussbaum have each directed attention to the danger of exciting attacks in epileptics by the use of chloroform. This does not occur during the use of bromoform, which allays the irritability of the cerebral cortex. (3) Bromoform does not disturb the respiratory functions, but after prolonged narcosis there is a slight reduction of the blood-pressure. The respiratory fluctuations of the blood-pressure in the course of the narcosis are very regular; the pulse remains strong. In none of the dogs which inhaled it did the bromoform cause sudden arrest of the heart's action, such as is seen during the use of chloroform. (4) During the bromoform narcosis, while it was noticed in dogs that there was decided mydriasis, in man there occurred only triffing alterations of the pupil; there was neither nausea nor vomiting. The quantity of bromoform required to produce complete narcosis is less than that of chloroform as it is commonly used. (5) In the first few hours after narcosis, it was noticed that there was a sinking of the temperature exactly as after chloroform; but the patient appeared to recover sooner from its effects. (6) Given by the mouth, bromoform also acts as a hypnotic and anæsthetic. (7) Moreover, bromoform prevents putrefaction in organic substances (urine and meat); bacteria are not developed in the presence of bromoform. (8) Injected under the skin, bromoform is fatal when given in a dose of 0.15 gm. for every 100 gm. of the bodily weight. Ethyl bromide produces narcosis more quickly than chloroform or bromoform, but is more easily eliminated from the system, and, on this account, its effects are more temporary. It is to be recommended for short operations. It is less active than bromoform, and becomes poisonous at a point of 0.17 gm. for each 100 gm. of the bodily weight. Whilst the narcosis reduces the blood-pressure (20-30 mm.) at first, it rapidly increases again after the termination of the narcosis, when the respiration also is accelerated. Bromide of ethyl also reduces the irritability of the cerebral cortex and likewise hinders the development of bacteria in organic infusions. Ethyline bromide does not produce complete narcosis upon inhalation, but, when pushed, causes fatal results by abolishing the cardiac activity.—Centralblatt für Chirurgie, 36, 1884.—London Practitioner, January, 1885.

A NEW SYMPTOM OF LEAD-POISONING.

- M. Du Moulin has recently presented to the Brussels Academy of Medicine (Rev. de Therap.), a young man who five days previously was attacked with lead colic, but who no longer presented any apparent sign of lead poisoning, other than the blue line on the gums. He called attention to a very curious and new pathognomonic symptom which frequently appeared before the blue line of the gums, always accompanied it, and is more characteristic and better demonstrated than the other. This symptom manifests itself by the formation in the epidermis of a frequently very abundant deposit of sulphate of lead. By the application of an alkaline sulphate he had traced black lines all over the body of the subject presented. The reagent by the use of which he had inscribed the chemical symbol of lead (Pb.) on the chest, on the back and on the flanks of the subject, was a solution of monosulphuret of sodium, in the proportion of 5 per cent., in distilled water. The sulphydrate of ammonia produced the same effect. He gave his experience as follows:
- 1. The skin of all persons affected with lead-poisoning, so far as he had examined them, to the number of 14, contained lead in sufficient quantity to react directly upon the contact of a glass rod dipped in a solution of monosulphuret of sodium at 5 per cent.
- 2. In recent cases this reaction is much stronger than in older cases.
- 3. Washing with cold or hot water does no more than to remove a few epidermal scales containing lead; the limpid filtered liquid contains no lead in a soluble state.

4. Prolonged washing with tartrate of ammonia removes from the skin this property of blackening by the sulphuret of sodium. The water used contains all the lead in the form of a sulphate rendered soluble by the tartrate.

5. The sulphuret of ammonia and the monosulphuret of sodium precipitate a considerable quantity of lead, in

the form of the sulphuret.

6. The surface washed by the tartrate of ammonia no longer reacts with the sulphuret of sodium; the deposit then which exists upon and in the epidermis is exclusively formed of sulphate of lead.

7. Those parts of the body, which from the prolonged washing with tartrate of ammonia no longer react with the sulphuret, resume this characteristic at the end of a few

days.

8. The reaction, which is not very apparent at the end

of one or two days, increases daily.

9. The sulphate of lead then passes to the skin and becomes fixed there through the agency of the cutaneous secretion; but we are still ignorant of how that body, so insoluble in its nature, is carried there and becomes so fixed.

— Fournal American Medical Association, February 14,

At the late meeting of the New York State Medical Society, Dr. F. M. Hamlin, of Auburn, read a paper on

THE OPIUM HABIT,

which contained some startling statistics touching the increase of the habit in this country, as shown by the largelyincreased consumption of the drug. In 1840, he said, the total quantity of opium consumed in the United States was about 20,000 pounds. In 1880, it had increased to 533,450 pounds. In 1868, it is estimated that there were from 80,000 to 100,000 victims of the opium habit in this country; now they number over 500,000. The growth of the habit has been rapid within the last few years, owing, as he thinks, to the invention of the hypodermic syringe, which has become a favorite method of administering the drug. More females than males are addicted to the use of the drug—the ratio being about three to one—women being subject to a larger number of painful aliments than men. From the time of the publication of De Quincey's Confessions of an English Opium Eater, in 1821, until within a few years, physicians have overlooked or ignored the serious consequences of the opium habit, and the people generally have come to look upon it as a comparatively harmless vice. It is now commanding more attention. Dr. Hamlin described the effects, immediate and remote, of the opium habit, speaking as he said, in some degree, from personal experience, having been induced to enter upon the habit to allay the miseries of sick headache. If opium be used inordinately during pregnancy, it is apt to induce abortion, or if this do not follow, then the child is likely to be defective. He concluded his paper by presenting his method of treatment for the cure of the habit, which he describes as a sudden reduction in the quantity of opium indulged in; not an immediate and total cessation of its use, which would be injurious, but a reduction in quantity covering a week or two weeks, and accompanied with stimulants of a different kind, such as hyoscyamus, belladonna, etc., until a cure is effected.

Under this method of treatment, he thought that every case not connected with a chronic painful affection could be cured. The after treatment is similar to that pursued in cases of typhoid fever.—Medical and Surgical Report,

Feb. 14.

MYRTLE ON SWEATING TO DEATH.

In the *Brit. Med. Journal*, Nov. 1884, p. 846, Dr. Myrtle reports the case of a man, healthy and active, who, after suffering for three weeks from pains of rheumatic character, relieved by sodiumsalicylate, was seized with profuse sweats, frequently of most offensive character, and lasting at times for ten hours. Atropine and ergotine both caused sudden symptoms of collapse. Arsenic was then tried, and for a time the patient improved, and the perspiration lost its fetor. The patient, however, died 121 days after he had first felt the flying pains. No necropsy could be obtained. The author regards the case as one of paresis of nerves supplying the sweat-ducts, caused by frequent exposure to cold during his employment.

CELLI AND GUARINERI ON THE PROPHYLAXIS OF TUBER-CULOSIS.

The authors have carried out a series of experiments in the S. Spiritio Hospital in Rome, to determine the presence of tubercle-bacilli in the air. Their results do not agree

with those of Dr. Theodore Williams in the wards of the Brompton Hospital. They never found the bacilli in the air of a ward containing tubercular patients, nor did they find them by cultivating sterilised gelatine on which tubercular patients had breathed, nor after allowing bacilli containing sputa to dry, nor after passing currents of air through and over such sputa. They affirm that in phthisical patients the expired air does not contain the bacilli of tuberculosis nor the tubercular virus; that the sputa, fresh or not, never give up the bacilli or virus to the air of the room, and that the air of rooms inhabited by the phthisical does not contain the bacilli nor the virus of tuberculosis. The authors promise further notice of their work in this direction. In another paper, 'On some Crystalline Forms which Simulate the Bacillus of Tuberculosis' (Atti della R. Accademia dei Lincei, 1883), they call attention to certain pseudo-bacillary forms, which give, with the method of Weigert, the same reaction as the bacillus of tubercle, and which also resemble it in form. These are crystals of palmitic and stearic acid, and perhaps also of tyrosin (these substances are often found in sputa, especially in phthisis), and are distinguished from the bacilli of Koch by not being sporigenous, by being rigid, straight, and of very variable length; they are of different shape and size, sometimes disposed in stellate rays never in bundles, as are the bacilli. These crystals can be made to disappear by the addition of an alcoholic solution of potash - London Record, Fanuary 15.

These fat crystals simulating the Bacillus-Tuberculosis were first described and studied by Dr. H. D. Schmidt, of

this city.—Eds.

SURGERY.

THE EXTERNAL APPEARANCES OF PISTOL-SHOT WOUNDS.
By D. B. N. Fish, M. D., of Amherst, Mass.

From the Boston Med. and Surg. Jour., Oct. 2, 1884:
—In an elaborate paper read before the Mass. Medico-Legal Soc., Dr. Fish gives what he believes to be a new and almost infallible rule for determining the position of weapon:—

Whenever the burned, or burned and smutted, spot is found, either upon the skin, the hair, or the clothing, at one

side of the wound made by the bullet, by placing the muzzle of the weapon upon the wound so that the line of the hammer and sight will meet a line drawn from the centre of the wound through the centre of the spot of burning and smutting you will have the exact position of the weapon when it was fired. By position of the weapon I do not mean the distance at which it was fired, nor its angle to the body; the latter does not seem to modify the rule I have given: but the manner or position in which it was held.

After giving the details of a large number of experiments the writer says:—My experiments have been made upon sheep skin, chamois skin, upon the skin of a young calf, and upon the skin of a living cat; also upon blotting paper of various thicknesses, rubber, cotton and wollen

cloth.

SUMMARY. The *distance* at which a pistol-shot has been fired may be estimated by the following general rules:—

(1.) From a great distance the entrance wound will usually be large and irregular; there will be absence of any great degree of lividity of its edges, and absence of the marks of powder. The wound of exit, if one is present, will usually be larger than the wound of entrance. At any distance the edges of wounds of entrance will usually be inverted, those of exit everted.

(2.) From a short distance the entrance and exit wounds will generally be nearly equal in size; the edges of the former will be blackened, and powder grains will be imbedded in the skin, but there will be absence of the

scorchings and brandings of powder.

(3.) Close to the body the entrance wound will generally be larger than the exit. There will often be, in addition to the tattooing of the skin by unburned grains of powder, a mark or *brand* made by the flame of the gases and of the burning powder, by the soot of the partly burned powder, and by the residue or ash of the wholly burned powder. As a rule this *brand*, which may consist of a burning alone of the hair, the skin, or the clothing, or of a burning and blackening of the skin or clothing, will appear at one side of the bullet hole.

The *direction* of a shot will be shown in part by the trajectory of the ball,—a subject of which this paper does not treat—and by the location of the wound of entrance. The character of the opening, whether rounded or oval, may give some indication of the angle at which the weapon has been held.

The position of the weapon (and whenever this term is used I wish to be understood to mean not its angle to or distance from the body, but the manner or position in which it is held) is to be determined by the following rule: When the brand appears upon the hair, the skin, or the clothing at one side of the bullet hole, hold the weapon with its muzzle to the bullet hole so that the line of its hammer and sight will meet a line drawn from the centre of the bullet hole through the centre of the brand, and it will show the exact position of the weapon when fired.

This rule is deduced from the newly-discovered fact that, owing to the recoil of the muzzle of the weapon in the direction of its sight, this *brand*, when it appears at one side of the bullet hole, will appear upon that side which corresponds to the side of the hammer and sight in their position relative to the bore or barrel of the weapon. That is, if the weapon is held upside down the *brand* will appear

below the bullet hole.

Accidental wounds are generally near wounds. When inflicted from a distance they cannot be distinguished from homicidal wounds.

Homicidal wounds inflicted within the suicide limit have heretofore been distinguished from suicidal wounds alone by the location of the wound and by the uncertain evidence presented by the trajectory of the ball. When the location of the wound has been such that a person might easily have inflicted it upon himself there have been no means of determining from its character whether it was homicidal or suicidal. To aid in distinguishing between such wounds I offer the following rule: When the location of the brand, relative to the bullet hole, shows that the weapon has been held in a position of its hammer and sight impossible or improbable for a suicide it is probable that a murder has been committed. Certain relative locations of this brand may also indicate that the victim has been shot while in a reclining position.

Multiple wounds are usually homicidal, but may be

either accidental or suicidal.

Shots fired beyond the usual suicide limit are probably homicidal.

Suicidal wounds. It is said that the suicide rarely holds the muzzle of his pistol at more than eight inches from the body. Suicides generally fire at the side or front of the head, next at the heart; they sometimes fire at the back of the head.

The distance from the body at which the weapon must be held to show the *brand* plainly is probably very nearly as follows: for small pistols and revolvers not over four to six inches; for large weapons of this class not over twelve to fourteen inches.—Quarterly Epitome.

EAR.

Dr. Gottstein, of Breslau, strongly recommends the use of pure calomel in the treatment of acute and chronic otorrhea. After the ear has been thoroughly cleansed by blowing all pus out of the middle ear with Politzer's bag, and syringing with pure water, or with a 10 per cent. solution of corrosive sublimate, Dr. G.'s practice, it is dried with absorbent cotton, and the calomel blown in by some form of powder blower,* and allowed to remain twelve hours, when the process is repeated. G. thinks that the results are, on the whole, superior to those obtained by the use of powdered boracic acid, and cites eighty cases which seem to bear out his opinion. If the calomel be triturated with table salt (proportions not given), a weak caustic action is obtained, which may prove useful in certain cases. The remedy is a perfectly safe one, G. asserts, no toxic symptoms having been observed save once, in the case of a weakly child who had a slight stomatitis. Dr. G.'s theory of the therapeutic action is, that a small portion of the calomel is converted by the action of the salt contained in the pus, into corrosive sublimate, and that thus a constant, thorough antisepsis is maintained. He has not been able to prove this by chemical tests, but "in favor of this view we have the analogous behaviour of calomel when applied to the conjunctival sac; secondly, the efficiency of this remedy in otorrhœa admits of no other explanation on account of the insolubility of the calomel; furthermore, the resemblance of the local changes which sometimes occur in the mucous membrane, to those produced by the sublimate; and, finally, the observation made by Dr. A. Gottstein, of a stomatitis after the application of calomel to the ear."—Archives of Otology, Vol. XIII., Nos. 3 and 4. September, December.

[Note.—The Editors would be glad to hear from those who try this method concerning the results obtained.]

^{*}A piece of quill toothpick, attached to 6 or 8 inches of flexible rubber tube, makes an excellent powder blower.

Dr. Brosseau, or Montreal, has successfully employed cystotomy in the treatment of chronic cystitis, when all other measures had failed. The cases which he relates had hypertrophy of the prostate, which obstructed the flow of the urine. He made an incision in the perineum in the median line, and perforated the membranous portion of the urethra. Dupuytren's double cystotome was then passed in as far as the bladder, and then withdrawn open, so as to cut deeply the lateral lobes of the inflamed and hypertrophied prostate. The bladder was washed out and an elastic catheter placed in the urethra and allowed to remain in order to drain off the urine and prevent its accumulation, and for the purpose of making injections into the bladder. The results of the treatment are gratifying. The operation is advised only as a last resort, after having exhausted all other means. If the physician cannot subdue the malady by injections, catheterization, etc., he can finally resort to cystotomy, by which he temporarily reduces the bladder to the condition of a simple conduit. If there be any measure that will relieve the agonies of the poor patients, it is cystotomy.-L' Union Medicale du Canada.

PRURITUS ANI.

In the Brit. Med. Four., Nov. 1884, p. 1110, a correspondent writes that he has found great use from the following mode of treatment in cases of pruritus ani. The patient having sponged himself well with warm water should syringe some up the rectum; then soaking a pledget of cotton wool in the following lotion, he should pass it well up the anus, leaving it there till he next defecates, when it must be renewed. R. Acid carbol. gr. xx.; tincture opii 5iv. acidi hydrocyan. dil. 3ij.; glycerini 5iv.; aquæ ad 3vj.

Acne is often reflex from urethra irritation. Dr. S. Sherwell obtained marvelous improvement in the faces of two patients, after long treatment had failed, by passing cold sounds every third day. The urethra was found sensitive, especially at about the junction of the membranous portion with the prostatic.—Four. C. and V. Dis.

OBSTTERICS, GYNÆCOLOGY AND PÆDIA-TRICS.

ONE THOUSAND CASES OF ABDOMINAL SECTION.— Having performed a series of one thousand operations of abdominal section, Mr. Lawson Tait sums up his results in the Medical Record, January 3, 1885. He premises, in order that his remarks may be better understood, that in every case the peritoneum was involved.

ANALYSIS.			
	Cases	Deaths	Percentage, Mortality
Exploratory incisions Cystoma Parovarian One ovary. Both ovaries Removal of appendages for myoma. Removal of appendages for inflammatory diseases. Removal of appendages for epilepsy. Removal of appendages for deformity. Hysterectomy. Opening for draining pelvic abscesses. "" incomplete operations. "" cholecystotomy. "" nephrectomy. "" nephrectomy. "" nephrotomy. Extra-uterine pregnancy. Hepatotomy for abscess and hydatids. Hepatotomy for hydatids of peritoneum. Tumors of omentum and mesentery. Enterotomy. Adhesion of intestines relieved. Chronic peritonitis Umbilical hernia. Cæsarean section. Scirrhus tumor of abdominal wall. Suprapubic lithotomy. Enucleation of myoma.	94 65 239 101 99 201 6 1 54 30 30 13 3 9 91 1 10 2 2 5 8 8 2 4 4 1 1	0	2.1 3.07 11 5 7 5 0 0 35-7 0 5 0 0 18
	1000	9.3	

Mr. Tait details his experience with various anæsthetics, and comes to the conclusion that he is now better pleased with a mixture of ten parts of ether and one part of chloroform, given by means of Clover's apparatus than with any other. This mixture is rapid in its action, and not at all unpleasant to the patient, and the sickness after it is far less than with anything else he has ever used. It does not produce bronchitis, nor does it arrest the secretion of urine as ether does.—Medical and Surgical Reporter.

CHLORIDE OF GOLD AND SODIUM IN PERTUSSIS.

In the Journal of Obstetrics for February, 1885, Dr. G. L. Magruder, of Washington, D. C., reports extraordinary success with the use of chloride of gold and sodium in the treatment of 4 cases of pertussis. They were first seen in the convulsive stage and the history of his first case is as follows:

G. F., male, aged 3 years, had developed a well marked case of whooping cough. Nausea and vomiting accompanied the paroxysms, which rapidly increased in frequency, disturbing seriously both the ability to sleep or take nourishment and causing rapid emaciation. He gave bromides, chloral and oxalate of cerium without improvement and finally advised change of air.

Having read lately an article by Roberts Bartholow "on the chloride of gold and sodium in some nervous affection," he ordered the following prescription: R. Auri et sodii chloridi, gr. ii.; Aq. destil., 3i., with directions to give five drops every two hours. The first dose was given at 2 P. M., and was given every two hours until 9 P. M. That night the child did not vomit and its mother's rest was not disturbed. The next day it was taken to the sea shore the medicine being continued during one or two weeks with only one slight vomiting spell and the coughing up of a little phlegm during the trip. On attempting to discontinue the medicine the paroxysms returned but disappeared immediately on its resumption. After two and a half weeks the medicine was discontinued and the whooping cough from that time seemed gradually to disappear.

The three other cases though milder, confirmed the merits of the medicine. After discussing the action of the drug the writer says in conclusion: "From the investigations of Rabuteau finding the metal in the nerve tissues, and the clinical observations of capable practitioners, I think that we will be justified in expecting continued good results from the use of aurii et sodii chloridi in pertussis. I sincerely hope that the good fortune that attended my cases has not been entirely accidental, and hence liable to continuation."

THE DIAGNOSIS OF PREGNANCY DURING THE EARLY MONTHS.

Professor Hegar mentions a sign of pregnancy by which he claims the diagnosis of pregnancy may be made with certainty quite early. It consists in a peculiarly softness, subtleness, and thinning of the lower segment of the uterus. By this is meant that part of the organ which is immediately above the insertion of the sacral uterine ligaments. The condition can be made out more readily when the uterus is elastic and soft, but also with ease when it is in its usual resistant condition. It is possible, by depressing the lower part of the uterus, to distinguish it from the superior portions and from the rigid cervix. The softness of this part might lead one to believe that the cervix was simply in contact with an abdominal or pelvic tumor.

The author knows of no pathological condition of the uterus which presents similar symptoms. The fact that the inferior segment of the uterus becomes during pregnancy the finest, softest, and most elastic portion, accounts for this remarkable sign. By practising rectal touch with conjoined abdominal palpation, it is possible to feel between the fingers this portion of the womb and thus ascertain its

characteristics.

The American Journal of Obstetrics, October, 1884, published as a valuable sign in the very beginning of pregnancy the elevation of temperature to which the vagina, and more especially the uterus, are subject. During pregnancy the temperature of the interior of the uterus cannot, of course, be taken; but that of the vagina and, with some care, that of the interior of the cervix can be.

The normal temperature of the vagina is, as we know, 37.3°C. or 99 F., and it is found even early in pregnancy, according to Dr. Fry, that the vaginal temperature is 37.6°C. or 99.7 F., and that of the cervix 37.8°C. or 100°F.

With these two signs added to those already long familiar to the profession, there should certainly be little difficult in deciding positively the existence of pregnancy in the early months.—N. Y. Record, Feb. 21.

ELECTRICAL NEUROSIS.

M. Feré (*Progres Medical*, *Med. Times*) records the case of a woman, aged 29, who had exhibited various nervous symptoms, including well-marked ovarian hyperæsthesia, had for two years presented the remarkable phenomena about to be mentioned. She noticed

that her fingers attracted bodies, such as pieces of paper, ribbons, etc., and her hair not only gave sparks when in contact with the comb, but had become very unruly in the matter of lying smooth. When her linen came near her body, a flash of light was produced, and her clothing adhered closely to her body, so much so sometimes as to interfere with the freedom of her movements. These phenomena were more marked under the influence of strong emotions, and were lessened in damp weather, so that she was able to foretell what the weather was going to be like, from the increase or diminution in her state of electric tension. The patient was thin and anæmic, and subject, especially in damp weather, to ædema of the legs. With a view to prevent this loss of electricity, she was recommended to wear silk next to her skin, which was further powdered all over with lycopodium, but without much benefit. Subsequently the daily application of static electricity, by means of an electric bath for about ten minutes, was followed by good results. This fact confirmed M. Feré in his idea that this was a case not of exaggerated production of electricity, but rather of an abnormal loss of it. probably owing to the dryness of the skin.— Fournal American Medical Association.

THE NEW ORLEANS MEDICAL AND SURGICAL JOURNAL.

PUBLISHED MONTHLY.

Communications relating to medicine are invited from every source. Matters of more than ordinary importance are occurring daily to country physicians, brief reports of which this Journal would be glad to get.

In sending such communications, and others pertaining to Editorial Department, as well as those relating to business, address New Orleans Medical and Surgical Journal, P.O. DRAWER 282, New Orleans, La.

EDITORIAL.

A WORD OF EXPLANATION TO OUR PATRONS.

The Editors and Proprietors feel compelled to come before their subscribers and advertisers with the following explanation and apology:

In June last we purchased from the previous owners the JOURNAL with all of its property and rights—especially the

right of collection of all unpaid accounts as a set off against liabilities assumed. We took the books of the former concern as correct, presuming that all proper entries had been made. This was an unfortunate error.

We do not mean to reflect on the previous management further than to express a regret that they should have trusted so largely to their memories and loose memoranda in the matter of credits and debits.

At the proper time we began to send out bills for sums indicated by the books as due. It would be hard to express how much annoyance and embarrassment was caused us by the many answers received showing that the accounts had been fully paid.

Added to this, we had the misfortune to have in our employ up to December 30th, an office boy, who taking advantage of the enforced absence from the office and from the city for a short time, of the Treasurer, collected several accounts against parties in town and opened many letters containing remittances, leaving no clue as to the extent of his depredations. When his peculations were discovered he left the city, and is now, we are informed, in Texas.

Before leaving he managed to negotiate several checks and drafts by fraudulently endorsing them as manager of the JOURNAL. We earnestly ask those who have received their drafts so endorsed to send them to us so that we may recover a part of the loss from those who have indiscreetly paid them here.

The name of this offender, is Arthur Wilbanks. He has advertised himself as manager of the Journal and we wish to caution all persons against contracting with him for the Journal.

Those who have failed to receive acknowledgment of money sent will readily see the cause.

Whenever the particulars of payment have been given in detail, we have credited the account. But we fear that our loss is not to be exactly measured by the amount of im-

proper credits on our books or the sum appropriated by the office boy. The just indignation of some of our patrons at being twice called upon to pay a debt already paid has caused some of them to desire to cease all relations with us.

We have attempted here to explain, as fully as is possible in a small space, the nature and cause of our troubles.

We must ask those who have continued with the JOURNAL up to the present time to take into consideration our present embarrassments, and to bear patiently with us for a short time till we can reach smooth water.

Our work of publishing the Journal is essentially a labor of love, arising out of a desire to promote the interests of our profession. It has been attended here with pecuniary loss and very grave difficulties. By earnest effort we have overcome most of these difficulties, and we feel assured that with the assistance of our patrons we will yet place before them a journal not excelled by any in the South and we promise that they shall have it free from the annoyances to which they have hitherto been subjected.

THE CHARITY HOSPITAL OF NEW ORLEANS.

The Annual Report for 1884, which has just been issued by the Board of Administrators of the Charity Hospital, is unquestionably one of the most valuable and interesting that have ever emanated from that Institution. Among the most notable of the various features of this report is the summarized account, presented in the sub-reports of the Vice-President of the Board, Secretary, and House-Surgeon, of the remarkable improvements which have been extensively carried out during the past year and which distinguish the last twelve months as one of the most eventful periods in the history of this great charity.

The reform which has been achieved by these changes completely reconstructs many departments and most beneficially affects the character of the whole institution.

The Hospital, as at present modified, cannot fail to impress any person with its magnitude and efficiency as a

medium for the dispensation of public charity, and to the residents of this city who are at all interested in the welfare of this community, or who are the friends of philanthropic and professional progress, the contemplation of the immense benefactions wrought by this noble structure must prove a vast source of pride and delight.

Appreciating as we do, the wide influence which the Charity Hospital has so justly exercised over the numerous generations of medical men in this and adjoining States who, since 1832, owe to it the most practical part of their professional training, we feel that we would grossly fail in our duty as chroniclers of the events which especially interest the physicians of this section, if we would neglect to present to them a review of the changes which as just stated have so improved and embellished this venerable and much beloved alma mater.

As an interesting preliminary, the following statistics which we cull from the House-Surgeon's valuable report, will serve to illustrate the large extent of the assistance which is rendered to the suffering poor by the efficient medical service of the Hospital.

According to this document the number of patients remaining at the last report (1883) were 620, which added to the 7280 admissions of the year 1884, makes a total of 7900 inmates treated; white, 6077; colored, 1800; deserted and unrecorded, 23,

Of the patients treated, 6245 were dischared; cured, 4036, or 51 per cent.; improved 1596, or 20 per cent; unimproven, 613, or 7 per cent.

There were 985 deaths; white, 582; colored 403. The death rate of the white, 11 per cent; total mortality, 12 per cent. Deducting 161 deaths within twenty-four hours after admission, the annual mortality is reduced to 10 per cent.

It will also be interesting to note the following figures in regard to the prevailing diseases: There were 3626 cases of malarial disease, 45 per cent. of the inmates treated; 1009 from the country; 1261 from New Orleans, 536 of whom had lived in the city one year or more, 725 less than

one year. There were 95 deaths of malarial disease—a death rate of 23 per cent., or 9 per cent. of the deaths from all causes.

There were 268 cases of pulmonary consumption, 64 of whom were natives of Louisiana, 137 resident, one year and more, 67 invalids from other States, "invited by the advertised benefits of our climate." The House Surgeon's comments in regard to this disease are interesting and worthy of notice. "The death rate of this disease," remarks Dr. Miles, "is startling, 41 per cent., or 11 per cent. of the deaths from all causes. Past reports of the Hospital present similar figures, and my experience convinces me that the very low altitude, the excessive humidity of the atmosphere and the variable climate of New Orleans, during the season when most of these invalids come, are conditions most unfavorable for phthisical patients."

The records furthermore show the attendance of 10,604 visiting patients; white, 7636; colored 2968. If the outdoor patients be added to the 7900 inmates already noted, we find that the Hospital gave relief, during the year, to a grand total of 18,504 sick.

It should be observed that the number of out-door patients exceed the admissions by 3324.

Compared with the last annual report there were 252 less inmates treated, but 1835 more attended in the out-door clinics, thus adding 1598 to the total sick list of the year.

Improvements: — The most notable of these is the annex to the Female Department. It was originally designed on plans submitted by Dr. A. B. Miles, House-Surgeon, and built under the supervision of W. A Freret, Esq., architect. It is a comfortably constructed two story and attic brick building, with large, well lighted and wide corridors; wards ventilated according to modern hospital requirements (1000 to 1200 cubic feet per each bed), linen rooms, dining rooms for convalescents, water closets, etc., and heated throughout by improved steam radiators. The building closely joins and forms a continuation of the Female Department, which latter has been raised to the floor

level of the annex by an elevation of two feet. The entire foundation is elevated some two feet and its ground thoroughly laid with the Fletcher sanitary flooring, thus ensuring preservation and dryness. The capacity of the new house is eighty-three beds for women and twenty-four cribs for children. It has been completely and newly furnished at a moderate expense. In connection with its furnishing the Board gratefully recognized that some of the ladies of the city bestowed upon it twenty-four cribs for infants with their full outfit, "By the kindness of his excellency, Gov. S. D. McEnery, the Board has been enabled to place in a tower surmounting the annex, and especially constructed for the purpose, the famous Fournier clock, lately in use at the St. Louis Hotel State House. With its two well marked, and at night illuminated dials, the Hospital is dispensing standard time to its inmates as well as the neighborhood.

The new house which was opened for the admission of patients, August 25, 1884, is certainly an inestimable benefaction to the women and children.

"For many years the Female Department was overcrowded, patients grouped in wards without proper discrimination of disease, and children, scattered through the house, were treated under the most unfavorable conditions,..... The increased number of wards, however, permits the proper classification of diseases; and, moreover, establishes a seperate department for children, a necessity which had existed from the founding of the hospital."

The Pathological Department.—This Department which includes the New Dead House, opened September 1st, 1884, is located some eight feet interiorly from the wall on Locust street, in the most unobserved portion of the Hospital grounds. It is a two-story brick structure, dimensions 30x50 feet, containing on the ground floor the appointments of the Dead House proper—paved and wainscoted with slate stone—with a suite of rooms from which the dead who are claimed may be buried by relatives and

friends; on the second floor the Pathological Laboratory and Museum of Pathology, two large, well-lighted rooms, especially designed for the purpose. Some conception may be formed of the practical work of this department by the enumeration of the following items presented by Dr. H. D. Schmidt, the distinguished pathologist of the hospital. Since December 31st, 1884, 1580 specimens of urine were microscopically and chemically analyzed by the pathologist and his assistants. Examinations (microscopical and otherwise) were also made of 66 specimens of sputa, 51 fluids, 48 tumors; 97 post-mortems were held; 1059 sections for microscopical purposes were cut and 426 additional sections were permanently mounted. foundation of this well organized Pathological Department was made the subject of a public congratulation to the Board at the time when the honored head of the department received an ovation from the profession of this city, and when the installation of the new laboratory, September 1st, was made the occasion for the presentation of an life-size oil portrait of Dr. Schmidt to the Hospital. The beneficial results of the firm establishment of this department are simply inestimable when we consider its educational influence as a training school for the practical study of Histology and Pathology. A notable change in favor of the more thorough study of Pathology has been noted in the inclinations of the resident and visiting students of the Hospital since this department has been organized and it is to be hoped that this healthy disposition toward the cultivation of the more elevated departments of medical study will increasingly infuse itself in the minds, not only of the Hospital residents, but in those of the whole corps of outside students. The study of microscopy has been sadly neglected heretofore and it is time that the magnificent opportunities facilitated by this great school should be utilized. It should be remembered that to the modern physician, the simple acquirements of clinical observation, no matter how conscientious and profound, are as nought without the additional revelations of the more subtle and minute methods of modern scientific research.

Hospital Medical Library.—The library now contains 2127 bound volumes and 375 unbound periodicals. These volumes, however, are in the major part, of old date, and it is desirable that additions be made representing the rapidly increasing and progressive medical texts of the day.

Hospital Ambulance Service.—Among the most beneficial changes that have been inaugurated in the last few months by the Administrators of the Hospital is that which has resulted in the organization of the ambulance corps. The old way of conveying the sick and injured to the hospital in city wagons, and vehicles improvised of every fashion, has been the cause of much distress to patients, and detriment in their after-treatment. It became evident to the Board that an improved method had to be devised to transport the sick and wounded to the Hospital and Dr. Miles was commissioned by the Board to purchase specially constructed ambulances for the purpose. After carefully inspecting the ambulance service in connection with the leading hospitals of the country, two admirably constructed ambulances, with modern provision for all emergencies, were ordered, and are now in active operation. In cases of surgical accident the service supplies medical aid on the spot, and attendance in transit to the Hospital.

Sanitation.—The river sewer system, in use since May 6th, has proved as efficient in its working as perfect in its mechanical construction and has immeasurably improved the sanitary surroundings of the Hospital. Underground pipes eight inches in diameter, connect the vaults of the Hospital premises with a central reservoir of 32,000 gallons capacity. These pipes are cleared at intervals by their connections with a system of flushing tanks. Twice or thrice daily the contents of the central reservoir are forced by a Blake pump through a six-inch underground pipe, into the Mississippi river. The sewer gases are conducted from the central reservoir through an escape pipe

over the furnace of the engine room and are thus destroyed.

The preceding details only give a faint idea of the very extensive improvements that have been going on during the past year in the leading branches of the administrative and medical departments of the Hospital. Many changes are still contemplated by the Board which will unquestionably improve the details of the whole hospital service and will tend to render the old charity as worthy as its great fame as an asylum for the sick, as its best friends could wish for it.

It is greatly to be regretted that the finances of the Hospital should have been seriously crippled, as shown in the report of the Finance Committee of the Board. The Administrators have certainly labored under a severe strain in order to meet the current liabilities for the year, owing to the nonpayment of State warrants to the amount of 35,700 dollars appropriated by the Legislature to the Hospital. This was especially embarrassing at the moment when all the financial resources of the Hospital were being severely taxed to meet the large expenditures resulting from the extensive improvements that were being carried out. By dint of personal sacrifices and an unflagging devotion to their duty the Administrators have succeeded in conducting the affairs of the Hospital to the termination of the year in a manner which reflects not only great credit on their administrative capacity but also upon their faithfulness and activity in behalf of the public weal.

As we congratulate the Board on the admirable results which their enlightened administration has accomplished we sincerely hope that our legislators will listen to their appeals and appreciate the necessity of extending to this Institution all that protection which its needs certainly demand at their hands, in order that the reforms which have been so brilliantly inaugurated may be continued until Louisiana's great hospital,—raised in every detail to the plane of the most advanced institutions of its kind—will worthily sustain its claim as the "noblest mansion of charity in the South."

COCAINE HYDROCHLORATE.

Two notable articles on cocaine hydrochlorate have recently appeared. In the Archives of Ophthalmology, Part VIII, Nos. 3 and 4, Knapp has an exhaustive paper reporting all the results obtained up to date by American and European observers, together with interesting observations of his own. Squibb in the January number of his Ephemeris, Vol. II, No. 7, has a highly original paper upon the manufacture and use of the drug. These papers show that the original observations of Dr Koller have been confirmed at all points.

Up to the present time cocaine hydrochlorate has been used to produce anæsthesia

IN THE EYE:

- (1.) With complete success; in the removal of foreign bodies from the conjunctiva and cornea; in injuries to these parts; in painful phlyctenulæ and ulcers of the cornea; in performing paracentisis of the ant. chamber; in the cauterization of corneal ulcers and the performance of Sæmisch's operation; in the tattooing of leucomata; to relieve the pain of acute iritis; in discision of cataract; in removing pterygium; in removing cysts of the conjunctiva; in snipping off prolapsed iris; in tracheloraphy; in slitting the canaliculi and opening mucocele, and in cutting or probing nasal duct after it had been syringed with the 4 per cent. solution.
- (2.) With success usually, but some reported failures; in the operation for squint; in burn of the cornea, and in quieting the movements of nystagmus.
- (3.) With partial success; in massage of conjunctiva; in cauterization of conjunctiva with silver nitrate; in enucleation by allowing a 4 per cent. solution to drop upon the parts during the performance of the operation, or by instillation and the subsequent injection of 5 or 6 minims close to, and behind the ball; in the operation for ptosis (very little benefit); and in headache referred to the eyes.
- (4.) With absolute lack of success; in an iridectomy for glaucoma, and in two cases of corneal ulcer complicated with granulations and heavy pannus.

In the extraction of cataract, and in the performance of iridectomy for the relief of glaucoma, or the formation of an artificial pupil, the grasping of the conjunctiva and the corneal incision are free from pain, but during the pinching up and cutting off of the iris a slight twinge is felt. Dr. Knapp warns the surgeon or assistant who is fixing the globe to be especially careful at this moment lest there be a sudden upward, and damaging movement of the ball. In cataract extraction also, after the counterpuncture, or during the incision, the point of the knife may prick the skin near the inner canthus, and this being felt as the first pain may cause some sudden and unlooked for movement. Dr. Knapp also points out that the use of cocaine hydrochlorate in these operations has the disadvantage of causing dilatation of the pupil and that the proper corrective for this is the instillation of a drop of eserine solution. A great advantage in the use of cocaine, however, is the lessening of intraocular tension, which diminishes the risk of many accidents. In acute iritis cocaine not only lessens the pain but gives powerful aid in dilating the pupil. This, together with the fact that the aqueous humours of an eye affected by cocaine will produce dilatation of the pupil in a second eye, proves that the drug penetrates to the interior of the eye, although the pain produced by iridectomy shows that the quantity absorbed must be very small. To do away with this pain certain oculists have introduced the drug directly into the chamber through the corneal wound, either by means of the hypodermatic syringe, or by letting a few drops trickle along a spatula. We agree with Knapp, however, that one should be excessively cautious how he introduces even a (supposedly) perfectly pure solution into the interior of the eye. In regard to the instillation of the solution Dr. Squibb thinks that two drops of a 5 per cent. solution every five minutes, for half an hour, is wasteful both of the agent and of time, and that five drops of a 4 per cent. solution in two instillations, ten minutes apart, is a sufficient quantity, and fifteen to twenty minutes a sufficient time. "The greater or less

lachrymation in different cases has doubtless an important bearing both upon the quantity required and the time, by the greater or less dilution and washing away of the agent."

IN THE EAR.

The drug has been used with success in tympanic neuralgia (Roosa); in acute middle ear inflammation where a perforation of the membrane ensured the contact of the solution with the mucous membrane of the drum, and in performing paracentisis of the membrana tympani. The method of application is of course by instillation, the solution being warm.

IN THE NOSE.

Cocaine has been successfully used in the removal of polypi; in the application of the actual cautery. Owing to its property of causing anæmia of mucous membranes, cocaine has been found useful also in acute coryza, autumnal catarrah, and epistaxis. To this region the solution is probably best applied upon plugs of absorbent cotton which may be remoistened by a few drops from a pipette from time to time. Dr. F. H. Bosworth has found that applied in this manner, the drug, within three minutes causes entire depletion of the venous sinuses covering the middle and lower turbinated bones, causing the mucous membrane to cling closely to them. Anæsthesia follows anæmia in a few minutes. In this way Dr B. has been enabled to differentiate between mere venous turgescence and genuine hyperplasia.

IN THE PHARYNX AND LARYNX.

The successful use of cocaine is noted in the cauterization with nitric acid of an ulcer of the tongue, and in the removal of tumours from the larynx. It relieves perfectly for the time being the dreadful dysphagia of advanced laryngeal phthisis, and is of great use in applying instruments to, and in making examinations of, these parts, by reason of its power of suspending reflex excitability. Here it is best applied by brushing or mopping the solution over the parts. Dr. Squibb reminds us that the mucous mem-

brane must be made thoroughly clean by washing with a solution of sodium bicarbonate as a *thin* coating of glary mucus effectually prevents the absorption of cocaine. Dr. E. Jelinec has found 10 to 20 per cent. solution in alcohol and water most serviceable in throat practice.

In Genito Urinary Surgery and the Surgery of the Rectum.

Cocaine has been used successfully in the operation for vesico-vaginal fistula, its hæmostatic property proving of decided advantage. It has also been used with benefit in internal urethrotomy; in the examination for, and in the dilatation of stricture; to facilitate examination for enlarged prostate, stone in the bladder, and in vaginismus; in the removal of venereal warts; in circumcision; in incising contracted meatus: in incising suppurating bubo (?); in the cauterization of ulcers; in breaking up of congenital adhesions between the glans and the prepuce; and in ulcer of the rectum. Dr. J. R. Uhler of Baltimore reports a case where the drug applied in the rectum, besides the usual anæsthetic effect, caused tonic contraction of the sphincter and of the longitudinal fibres of the gut, pulling up the mucous membrane which had formerly protruded. To these mucous surfaces the solution may be applied by mopping, or upon cotton compresses; to the urethra very simply by injection. Dr. F. N. Otis suggests that sounds and other urethral instruments be greased with almond oil containing 4 per cent. of cocaine.

IN GENERAL SURGERY:

Cocaine has been used successfully, it is claimed, in the removal of a toe nail by wrapping the toe in cotton saturated with the 4 per cent. solution; in the removal of a fatty tumour of the brow, and an epithelioma of the cheek, after hypodermatic injections of the solution into the neighbouring tissues. After the parts had been rubbed for about five minutes with a 4 per cent. solution of the drug in oleic acid, epilation by electrolysis was performed without pain.

IN DENTISTRY:

The successful use of cocaine has been reported in cutting operations on the gums; in removing tartar; in extirpating exposed pulp; and in pulling teeth (!). It seems improbable, however, that the anæsthesia could have been of a very satisfactory nature in the latter case. Dr. Squibb expresses himself as unable to understand some of the results recorded where the solution was applied to the skin or injected hypodermatically, save as the outcome of enthusiasm.

PHYSIOLOGICAL ACTION:

The effects of the drug, production of temporary anæsthesia and anæmia, and the suspension of reflex excitability, when the solution is applied to a mucous or a dermal surface deprived of epithelium, are sufficiently well known. When injected close to, or into a nerve trunk, anæsthesia of the peripheral branches is produced. When injected elsewhere anæsthesia is produced over a very limited area: probably along the track of the needle only. These injections (six to thirty-two minims of 4 per cent. solution) soon give rise to general symptoms. First, to palor, thirst, nausea, sweating, and faintness; then to dizziness, perversions of sensation in the feet and hands, inability to walk, and to agreeable halucinations when the eyes are closed. The milder symptoms came on twice while Knapp was operating after having injected only five minims of a 5 per cent. solution. After the hypodermatic injection of cocaine the pulse becomes fuller, and the vertical line of the sphygmographic tracing rises to twice its former height.

Dr. Squibbs' theory of the local action of cocaine is that it is exactly analogous to cold. He supposes that the capillaries snpplying the terminal nerves are emptied of their blood, and that thus the function of the terminal bulbs of the sensory nerves is "abolished as completely as the galvanic current is abolished when the liquid is drawn off from the plates." This theory certainly seems to account for all the phenomena as far as we know them.

Dr. Squibb thinks that the hydrochlorate is apt to remain

the favorite salt because it contains the largest proportion of the alkaloid, and is more soluble and less deliquescent than any other. He states that the growth of microscopic plants which usually appear in the solutions within a week, and which being nourished by the alkaloid destroy it, may be best prevented by the addition of salicylic acid in the proportion of one in six hundred. The slight colouration produced is unimportant. Dr. Squibb suggests some excellent rules for the thorough and economical application of the costly solution to certain mucous surfaces, ulcers, burns, blisters, etc. The surface to be treated should be made perfectly clean and dry, and then covered by a piece of fine linen trimmed down to a corresponding size, and fairly moistened with the 4 per cent. solution. To maintain the action of the drug a few drops should from time to time be applied with a camel's hair brush to the upper (higher) edge of the linen patch. No brush or dropper should ever be put into the bottle, but the quantity of the solution required for immediate use should be poured upon the bottom of a wine glass or tumbler.

OBITUARY NOTICES.

Edwin Samuel Gaillard, M. D. LL. D., died on the 2d of February, in New work, after a short illness. He was editor and proprietor of the widely-known and much appreciated publication, Gaillard's *Medical Journal*, and previously of the Richmond and Louisville *Medical Journal*, which was started immediately after the war in the city of Richmond, Va. He was born in 1827, and graduated at the University of South Carolina, and the South Carolina Medical College. Dr. Gaillard was unquestionably one of the ablest medical journalists in this country, and his death will create a void in professional literary circles that will long be felt.

The distinguished Laryngologist of New York City, Dr. Louis Elsberg, died on the 19th of February at his residence in that city.

William Braithwaite, M. D., the founder of the Retrospect of Medicine, died at the age of seventy-eight, at his home in Leeds, England, on January 31st. Since 1840, when he started his admirable *Retrospect*, his name became known throughout the medical world as that of an editor of unusual taste and discrimination. His son, Dr. James Braithwaite, will continue to edit this publication, which has already been rendered famous by the father's labors.

REVIEWS AND BOOK-NOTICES.

Annual Report of the Supervising Surgeon-General of the Marine-Hospital Service of the United States, for the Fiscal year 1884.

In this report are summed up the achievements of the efficient Marine-Hospital Service for the year 1884. Organized and equipped as it is, we could not well expect other than exemplary results, and it has certainly not fallen short of expectations in regard to the work falling peculiarly within its province. A glance at the table giving the number of persons relieved, etc., will at once show the magnitude of the labors of the Service, and the progress it has made in the course of a few years. Thus, in 1871, there were 72 places at which relief was authorized, and 14,256 persons were relieved; in 1884, there were not less than 210 relief-stations, and 44,771 persons were relieved. Nothing could speak more strongly than these figures in favor of the Marine-Hospital Service; nothing could more forcibly urge its claims upon the nation for support, as a body engaged in relieving the sufferings of a deserving class.

But, are we to consider that here lie the limits to its field of usefulness? Or are we to say, with the Supervising Surgeon-General, that "the work of the medical officers in quarantine service is a direct benefit to commerce, and strictly within the legitimate scope of their duties?" The Marine-Hospital Service was originally intended for the relief of sick sailors. The enforcement of quarantine regulations is a matter entirely distinct from hospital prac-

tice: it is of sufficient importance to require the attention of a separate body, one altogether devoted to the discharge of purely sanitary functions and not embarrassed in its workings by occupations such as those which pertain to an essentially medical service.

A. McS.

A Text-book of Hygiene. A Comprehensive Treatise on the Principles and Practice of Preventive Medicine from an American Standpoint. By Geo. H. Rohé, M. D. Baltimore: Thomas & Evans, 1885, Pp. 320.

Dr. R.'s work is not an exhaustive treatise upon hygiene. It does not discuss controverted points, or enter into minute details and statistics, but merely considers the known and well established facts of hygiene. The work is simple, and has a tendency, in certain parts, to be elementary; but giving, as it does, only such facts as cannot be controverted, it is designed to act as an introduction of the student into hygiene, and to give him a good foundation for the further study of that science. To one who has not time to study the works of Parkes and Buck, the perusal of Dr. Rohè's book will prove very profitable. We cordially endorse it and recommend it as a worthy text for time pressed students, who will certainly find in its pages all the imformation which is necessary to prepare the way to a more thorough appreciation of a modern sanitarian's duties.

A. McS.

BOOKS AND PAMPHLETS RECEIVED.

One Hundred Years of Publishing—1785-1885. Philadelphia: Lea Bros. & Co. 1885.

Elements of Practical Medicine. By Alfred H. Carter, M. D., London. Member Royal College of Physicians, etc., London. Third Edition. New York: Appleton & Co. 1885. New Orleans: Armand Hawkins, 169½ Canal street.

A Manual of Organic Materia-Medica, being a guide to Materia Medica of the Vegetable and Animal Kingdoms. For the use of students, druggists, pharmacists and physicians. By John Maisch, Phar. D., professor of Materia-Medica and Botany, in Philadelphia College of Pharmacy. Second Edition. 242 illustrations. Philadelphia: Lea Brothers & Co. 1885. [Price, \$2.] N.O.: A. Hawkins.

A Pharmacopæia, for the Treatment of Diseases of the Larynx, Pharynx and Nasal Passages, with remarks on the selection of remedies and choice of instruments, and on the methods of making local applications. By Geo. Morewood Lefferts, A. M., M. D., Clinical Professor of Laryngoscopy and Diseases of the Throat, College of Physicians and Surgeons, etc. Second Edition; Revised and Enlarged. New York and London: G. P. Putnam's Son. The Kinkerbocker Press. 1884. N. O.: Armand Hawkins. [Price, \$1.]

Consumption; Its Nature, Causes, Prevention and Cure. By J. M. W. Kitchen, M. D., Assistant Physician of the Bellevue Chest Class (O. D. Dept.), author of various treaties on diseases of the throat, etc. G. P. Putnam's Son, New York. [Price, \$1.50.] New Orleans: Armand Hawkins.

The Science and Art of Surgery. A Treatise on Surgical Injuries, Diseases and Operations. By John Eric Erichsen, F. R. S., LL. D., F. R. C. S., Surgeon Extraordinary to Her Majesty, the Queen, etc. Eighth Edition. Revised and edited by Marius Beck, M. S. and M. B. London, F. R. C. S. With 984 engravings on wood, Vol. II. Philadelphia: Lea Brothers & Co. 1885. [Price, \$5,50.] New Orleans: Armand Hawkins.

A System of Practical Medicine by American Authors. Edited by William Pepper, M. D., L. L. D., Probost, and Professor of the Theory and Practice of Medicine in the University of Pennsylvania, assisted by Louis Starr, M. D., Clinical Professor of Diseases of Children in the Hospital of the University of Pennsylvania. Vol. I, Pathology and General Diseases. Philadelphia: Lea Brothers & Co. 1885. N.O.: Armand Hawkins.

Report of the Board of Administrators of the Charity Hospital to the General Assembly of the State of Louisiana. 1884. New Orleans.

MISCELLANY,

A Case of Lodgment of a Breech-Pin in the Brain; Recovery.—Dr. G. W. H. Kemper, of Munice, Indiana, reports in the January number of *The American Journal of the Medical Sciences* a very instructive case in which a lad received a compound fracture of the frontal bone, immediately above the right frontal sinus, by a bursting gun. The breech-pin was found imbedded in the brain, at a distance of one-half inch, and was withdrawn by the aid of dressing-forceps. No untoward symptoms were developed until the evening of the fourth day, when a convulsion ensued because of pent-up pus, and after the removal of the cause no further trouble followed. The lesson to be derived from the study of the case is the necessity of maintaining free drainage, thus preventing an abscess from extending into the brain and becoming fatal.

CROTON OIL AS A PROPHYLACTIC AGAINST MARRIAGE.— Stanislas Martin narrates the following little tale: A young man declared to his father that he loved a certain young woman, whom he had previously kept as his mistress. Expostulations, appeals, were all in vain; the young man threatened to kill himself if he could not have what he wanted. In his distress the father repaired to the family physician for advice and help. The doctor made inquiries and learned that the young woman was anything but desirable as a wife, and her only object was to make stronger the chains that bound the rich young man to her. The doctor advised and had executed the following plan: the inner surface of the young man's night-shirt was rubbed with twenty drops of croton oil in the neighborhood of the sexual organs and the loins. In a few days this caused an intolerable itching, then large knots formed in the skin, and even fever appeared. The physician was called, and he solemnly declared, after a long and careful examination, that the young man had had carnal intercourse with a woman who was terribly syphilitic, and wound up by telling the young man that he must submit to a long and tedious course of treatment. The young man submitted, and in time he was thoroughly cured of all inclination to marry his mistress.—Deutsche Medizinal Qeitung.

PRELIMINARY REPORT OF THE ENGLISH CHOLERA COM-MISSION.—The preliminary report presented by Dr. Klein and Dr. Gibbes (New York Medical Journal, Jan. 24, 1885), will be read with great interest, since it is so diametrically opposite to that of Dr. Koch. Not to quote at length the nine propositions embodied in the report, it will be sufficient to mention the three most important—viz., that the comma bacilli are not characteristic of cholera, since they are present in diarrhœa and dysentery; that they behave precisely like other putrefactive organisms when cultivated artificially; and, finally, that all attempts made by the investigators to induce cholera in animals, by either feeding or inoculation with these germs, have signally failed. The Commission add that they have discovered a straight bacillus which is of more constant occurrence in choleraic discharges than the comma variety. The complete report is promised soon. We foresee a storm ahead. It is not likely that Koch will remain silent while his statements are so radically assailed.

LIFE-SAVING FROM DROWNING BY SELF-INFLATION.—Dr. Henry R. Silvester (Lancet, Philadelphia Medical Times) makes the ingenious suggestion, that the inflation of the cellular tissue of the upper part of the body can be accomplished by making an opening in the mucous membrane, at the junction of the gums and cheek, opposite the first molar tooth of the lower jaw, with a knife or sharp piece of wood, and then filling the mouth with air and blowing it forcibly through the opening into the fascia of the neck. Sufficient inflation can be obtained in three minutes to support the body in the water.

The Southern Pharmacist is the name of the useful, interesting periodical on Pharmaceutical Science which has very recently been started in this city by its enterprising editor, Mr. Ferdinand Lascar. It is the official organ of the Parish Pharmaceutical Society and contains contributions from the leading pharmacists and chemists of this city and State. We heartily recommend this publication to all those who are interested in this branch of study.

CHRONOLOGICAL HISTORY OF THE DISCOVERY OF DISEASE GERMS.—Dr. Andrew Smart, of Edinburgh, gives the following as the chronological order of discovery of disease germs:

(1) Rinderpest germ, Dr. Smart, September, 1865; (2) Relapsing—fever germ, Obermier, 1868; (3) Anthiax germ, Koch. about 1874; (4) Vaccine germ (probably analogous to small pox germs not yet discovered) Sanderson and Chauveau, 1869; (5) Filaria Sanguinnis hominis, Manson, 1881; (6) Typhoid fever germ, Eberth, 1880; (7) Bacillus Tuberculosis, Koch, 1882; (8) Comma-Bacillus—Cholera, 1884, Koch. (Exchange.)

M. A. N. Bloch of Paris, after a series of learned and elaborate calculations, concludes in the *Journal d'Anatomie et de Physiologie* (Aug. and Sept., 1884), that the sensory nervous current in man travels at the rate of 132 meters per second.

THE EDITOR OF THE ARCHIVES OF MEDICINE, Dr. E. C. Seguin, has announced the discontinuance of that valuable Journal with the issue of December, 1884.

A CHALLENGE TO MICROBES AND MICROBOMANIACS.—We copy from the *Diritto* of Rome (Italy), the following letter that two courageous Italian gentlemen have addressed to the Editor of that paper:

Dear Sir:—There is a lively dispute going on in the medical world about the cause of cholera; the theory of the comma bacillus is gaining ground every day. Without expressing our personal opinion upon the matter, we make the following proposition in the interest of science:

"We are prepared to eat such a quantity of gelatine con"taining the *microbe*, as a scientific commission may judge
"sufficient, to determine in ourselves the development of
"cholera—supposing that the *comma bacillus* is the cause
"of it."

As you see it is an experiment in *anima vili* which we propose to make, with the certainty of rendering to science and humanity a great service. We put these two conditions:

- rst. That our names remain absolutely incognito, excepting to the scientific gentlemen who will accept this challenge of ours.
- 2d. That in case of death, the government or some rich philanthropist will take charge of our families.

We make this proposition in good faith, with the hope of seeing it excepted; and we confidentially give our names to you, relying npon your honor to keep them secret.— Gazzetta Medica di Torino.—J. Dell'orto.

METEOROLOGICAL SUMMARY—FEBRUARY, STATION—NEW ORLEANS.

METEOROLOGICAL SUMMARY—FEBRUARY. STATION—NEW ORLEANS.												
DATE	Daily Mean Barometer. Daily Mean Tempert'e. Daily Min. Temperat'e Daily Min. Temperat'e. Daily Min.					GENERAL ITEMS.						
3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 Sums	30.217 30.343 30.157 29.880 29.770 30.134 29.985 30.275 30.275 30.246 29.901 29.840 29.946 29.937 30.137 30.021 30.194 30.192 30.175 30.217 30.217 30.130 30.192 30.175	7-2 575-1 559-7 63-0 63-0 63-0 62-4 37-7 46-6 44-4 47-9 46-3 37-7 39-2 46-3 45-3 45-4 562-8 51-2 53-7 558-1 5-3 5-3 5-3 5-3 5-3 5-3 5-3 5-3 5-3 5-3	64.8663.6667.770.00770.00770.00770.00775.33494.0052.5547.55566.3664.00552.5566.3664.00552.6665.11668.55	52.2 47.1 52.0 55.0 55.2 64.0 43.2 330.0 39.2 41.1 41.5 52.1 338.0 44.0 552.1 43.2 44.0 40.5 43.2 44.0 40.5 43.2 41.0 40.5 43.2 41.0 40.5 43.2 41.0 40.5 43.2 41.0 40.5 43.2 41.0 40.5 43.2 41.0 40.5 43.2 41.0 40.5 43.2 41.0 40.5 43.2 41.0 40.0 40.0 40.0 40.0 40.0 40.0 40.0		Dates of lunar halos, o. Dates of frosts, o. COMPARATIVE MEAN TEMPERATURE. 1873						
						1877 0.98 1884 3.16 1878 3.50 1885 2.39 1879 2.13 2.13						

M. HERMAN, Sergeant, Signal Corps, U.S.A.

MORTALITY IN NEW ORLEANS FROM JAN. 24TH, 1885, TO FEB. 21ST 1885 INCLUSIVE.

Week Ending.	Yellow Fever	Malarial Fevers.	Consump- tion.	Small- Pox.	Pneu- monia	Total Mortality
Jan. 31st	() () () ()	6 8 1 3	13 14 26 23	() () ()	15 12 14 13	120 137 123 135
Total	()	ıS	76	0	55	515

LACTOPEPTINE,

The most important remedial agent ever presented to the Profession for Dyspepsia, Vomiting in Pregnancy, Cholera Infantum, Constipation, and all Diseases arising from imperfect nutrition.

LACTOPEPTINE precisely represents in composition the natural digestive juices of the Stomach, Pancreas and Salivary Glands, and will, therefore, readily dissolve all foods necessary to the recuperation of the human organism.

CAUTION.

We regret that we are compelled to caution the profession in prescribing Lactopeptine, but very careful investigation has proven to us clearly the necessity of it.

Substitution of cheap and worthless compounds are being made in many cases where Lactopeptine is prescribed.

Lactopeptine is always UNIFORM, and its effects are SPECIFIC, and no one has ever been able to imitate its digestive value. If you do not obtain positive results when you prescribe Lactopeptine, you can be sure that some substitution has been made, and in such cases it may be necessary for the physician to prescribe Lactopeptine in the original ounce package to insure certainty of obtaining the genuine article. We can confidently make this assertion knowing the scrupulous uniformity in digestive value of every ounce of Lactopeptine.

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The OXYDIZING AGENTS-Iron and Manganese;

The TONICS-Quinine and Strychnine;

And the VITALIZING CONSTITUENT—Phosporous, Combined in the form of a Syrup, with slight alkaline reaction.

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VOL. XII.

APRIL. 1885.



THE NEW ORLEANS

MEDICAL AND SURGICAL

JOURNAL.

EDITED AND PUBLISHED BY

THE NEW ORLEANS MEDICAL PUBLISHING ASSOCIATION.

New Series—Published Monthly at \$3 per Annum, in Advance. Single Copies, 30 Cents.

> Paullum sepulta distat inertia Celata virtus.—Horace.

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1885.

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PARK RITCHIE, M.D.

Cleveland, Ohio, July 30, 1883.

Anave used your preparation, Sourcourse, extensively, and have been well satisfied with its results. You are to be congratulated on the value of the article which you offer to physicians. sicians, R. A. VANCE, M. D.

Plainfield, N. J., March 11, 1884 Have used **SourceAnc** constantly for some months both in private and hospital practice, and found it all I could have desired.

C. M. FIELD, M.D.

St. Louis, July 20, 1883.

I have found zowaligia. tion in rheumatic neuralgia. C. H. HUGHES, M.D. I have found Sougerime a useful combina-

Louisville, Ky., June 12, 1883.

I have used Songaine during the past few weeks in neuralgic affections, many of them in a severe form, with the most gratifying results, and these results have been quite uniform.

T. S. BELL, M.D.

Cincinnati, March 11, 1884.

Have used Sougaine in cases of neuralgic headaches with success in almost every instance. In strictly neuralgic forms it is unexcelled.

O. D. NORTON, M.D.

A. A. MELILIER, Sole Proprietor, ST. LOUIS.

NEW ORLEANS MEDICAL AND SURGICAL JOURNAL.

APRIL, 1885.

PRIGINAL PAPERS.

A Chapter of Medical Archeology.

THE RING IN MEDICAL LORE.

By Simon Gill, M. D., New Orleans.

Arts have been lost. Witness the tempered copper, the Greek fire, the Tyrean purple, the Damascene swords, the almost indestructible pigments used in ancient paintings; and many more examples might be adduced. Sometimes, however, lost arts are re-discovered. To confine my remarks to the medical art, I will present two instances of this re-discovery: Hippocrates used enemata, Celsus did likewise and, undoubtedly, the Romans carried this art into Brittain; yet, judging from the writings of the English doctor, John Arden, who wrote about the year 1350, the art of relieving constipation by rectal injections had been lost, at least in England. He describes minutely, and as something entirely new, the nature, uses and modes of administering them, says it requires great care and dexterity, and that he had been very successful in curing many cases of colic, intestinal obstructions, etc., etc., "gaining," he says, "by this new operation, both wealth and reputation in places the most widely apart." Likewise was the art of ligating arteries known to and described by Celsus. Yet this art of stopping hæmorrhage was lost until re-discovered about the year 1550 by Ambrose Paré.

The art of preventing sickness and curing diseases by means of finger-rings has been known for many centuries, but the art seems now to be entirely lost. Yet, if the old fathers of medicine can be relied upon, we have lost sight of a most potent prophylactic and curative agent, and I therefore, *pro bono publico*, propose to do my utmost to revive this valuable art. I will therefore first refer to my medical authorities.

Dr. Asclepiades (B. C., 584) wore a ring with Urania engraved upon it. Hippocrates (B. C., 460), in treating of the decency of dress, to be observed by physicians, enjoins the use of rings, and it has been suggested that the rings thus worn by physicians might have contained aromatic waters or preservative essence, in the same way as their canes were supposed to do, and, hence, the action of putting the heads or tops of the latter to their noses, when consulting in the sick room. Appollonius, of Tyana, who flourished in the first century of the Christian era, and who fixed his residence in the temple of Æsculapius, considered the use of charmed rings so essential to the practice of medicine, that he wore a different ring on each day of the week, marked with the planet of the day. He had received a present of these seven rings from Iarchus, the Indian philosopher or gymnosophist, the ancient priest of India. Iarchus, by means of such rings, learned every day the secrets of nature. Galen, in the beginning of the second century, mentions a green jasper amulet, belonging to an Egyptian King, who lived 630 years before Christ. It was cut in the form of a dragon, surrounded with rays and worn to strengthen digestion. The same author also recommends a ring set with a jasper, engraved with the figure of a man wearing a bunch of herbs. Marcellus, a physician, who lived about the same time, directs the patient who is afflicted with a pain in the side to wear a ring of pure gold, inscribed with some Greek letters, on a Thurs-

day, during the decrease of the moon. It is to be worn on the right hand if the pain be in the left side, and vice versa. Trallian, another physician who flourished during the fourth century, cured the colic and all bilious complaints by means of an octangular ring of iron, upon which eight words were to be engraven, commanding the bile to take possession of a lark. A magic diagram was to be added which he has not failed to preserve for the certain advantage of his readers. He tells us that he has had experience with this remedy and considered it as extremely foolish to omit recording so valuable a treasure; but he particularly enjoins the keeping it a secret from the profane vulgar, according to an admonition of Hippocrates, that sacred things are for sacred purposes only. The same physician in order to cure the stone directs the wearing a copper ring, with the figure of a lion, a crescent and a star, to be placed on the fourth finger, and for the colic in general, a ring with Hercules strangling the Nemian lion. Paracelsus, in the fifteenth century, had a ring made of a variety of metallic substances, which he called "electrum." He says that rings composed of this alloy would prevent the wearers from having either the cramp, palsy, apoplexy, epilepsy or any kind of pain. If the ring be put on during an epileptic seizure it would immediately assuage the disease and terminate the fit. A few years afterwards another physician, Cardan, tells us among other means for a physician to find out if a patient is fascinated or bewitched, that a ring made of the hoof of an ass, put on his finger, would, if such be the case, grow too large for him after a few days wearing. Van Helmont, about the year 1600, affirmed that he had a metal of which if a ring were made and worn, not only the pain attendant upon hæmorrhoids would cease, but that in twenty-four hours, whether internal or external, they would vanish altogether. Licety, a Genoese physician of the seventeenth century, who wrote a book on rings, ascribed the want of virtue in medicated rings to their small size, observing that the larger the ring or the gem contained in it, the greater was the effect. Michaelis,

a physician of Leipsic, about the middle of the last century, had a ring made out of the tooth of a sea horse, by which he claimed to cure diseases of every kind. The London Medical and Physical Journal for 1815 speaks of a ring successfully employed in the cure of epilepsy, after the failure of various remedies. This ring was made of silver, contributed by twelve young women, and was constantly worn on one of the patient's finger.

Having thus, by such celebrated masters in the healing art, established my claim for the finger ring as a valuable article of materia medica, let us now proceed to examine into the different kinds of rings in detail. It will therefore be necessary to divide them into different classes; as in the old Norse demonology, the imps were divided into two principal divisions, that is demons with tails and demons without tails, so likewise let us divide our rings into rings with stones and rings without stones. Now, as the sun has set already, and we probably all are expected home before morning, I will pass over the first division, rings with stones, without further mention, as it is by far the longest subject; and at once take up rings without any gem set in them and divide them into three principal groups: 1st, charm rings, 2nd, rings containing a cavity; 3rd, wedding rings.

Rings were made use of by way of talisman or charm in remote ages. Their potency was directed against fascination of every kind, but more particularly the evil eye, against demons and witches, to excite debility; against the power of fire, against wounds in battle, and indeed every danger and most diseases, nor was it the ring alone, but as we have seen, the supposed virtue existed also in the material whereof it was made, or some gem or precious stone set in the ring, but when in addition to these the ring was inscribed with some mystic device, or some magical words or letters, their power became irresistible indeed. According to Pliny devices were not put upon the metal of rings until the reign of Claudius. These charmed rings found easy believers among the Greeks and the Romans, and were

special articles of traffic. Such rings, made of wood, bone, jet or other cheap material were manufactured in large numbers in Athens, and could be purchased, gifted with any charm required, for the small consideration of a single drachma (171/2 cents). A ring being a circle was given to the initiated in the Eleusinian mysteries as an amulet, possessed of the power to avert danger. Philostratus says the Indian Brahmins carry a staff and a ring by means of which they were able to do almost anything. The Jews were extremely superstitious in the use of charm-rings to drive away disease, and the Mishna forbids their use unless received from an approved man, who had cured at least three persons by the same means. They were also very commonly used among the early Christians and the fathers of the Church angrily forbade the members of their congregations to wear them.

The most celebrated of charm-rings is probably Solomon's signet ring, it was inscribed with mystic words and it not only enabled him to build the temple, but every day at noon it transported him into the firmament, where he heard the secrets of the universe. This continued until the demon imprisoned in the ring, persuaded Solomon to take the ring from his finger, when suddenly the demon took the shape of Solomon, while the king became a wanderer in foreign lands, the demon reigning in Israel and the Harem; at length the devil got tired, probably of the last named place, and flew away, throwing the ring into the sea, when a fish swallowed it. Solomon of course found it in the belly of the fish, and thus regained his kingdom and gave the demon the devil. So sayeth the Talmud. Then we have Josephus describing Eleazar's ring. This writer says, he saw Eleazar, a jew, healing demoniacs, in the presence of the Emperor Vespasian, by the application of a medicated ring to the nostrils of the patient, when he would draw the demon out through the nose, and when Eleazar would persu ade and demonstrate to the spectators, that he had such a power, he placed a little way off a basin full of water and commanded the demon, as he went out of the man to over

turn it, and thereby let the spectators know, that he had left the man. One of the earliest ring-superstitions in England is that connected with the ring of Edward the Confessor, or the Pilgrim ring. According to the legend, King Edward, on his way to Westminster, was met by a beggar, who implored him in the name of St. John, the king's favorite saint, to grant him assistance.

The charitable king had no money with him, having exhausted it all in giving alms, but he drew from his finger a ring, "large, beautiful and royal," and gave it to the beggar, who thereupon disappeared. Shortly afterwards, two English pilgrims in the Holy Land, found themselves benighted and in great distress, when an old man appeared before them and asked them where they came from. Hearing they were Englishmen, the old man, "joyously like to a clerk," guided them to a hostelry, told them he was St. John the Evangelist, and gave them a ring to carry back to Edward, with the cheering message that the king would be with him in Paradise within six months. The pilgrims returned, delivered the King his ring and St. John's message. The King prepared for death and when he died anno domine 1066, he was placed before the altar of Westminster Abbey attired in his royal robes, a crown on his head and this ring on his finger, and according to Hospinian and Polydore Virgil, whosoever was touched with this relic were instantly cured of the cramp and the falling sickness. Patrick Lord Ruthven, a man suspected of occult practices and appointed of the privy council of Mary, Queen of Scots, offered her a ring to preserve her from the effects of poison. Lord Chancellor Hatton sent a letter enclosing a ring for Queen Elizabeth. This is the way the old courtier expresses himself: "I am likewise bold to commend my humble duty to our dear mistress the Qeeen by this letter and ring, which hath the virtue to expell infectious airs and is to be worn between the sweet duggs of her bosom." An article appears in Household-Words wherein it is said that a ring that has lain for a certain time in a sparrow's nest will procure love. Rings made of gold would

cure St. Anthony's fire. In Brand's Popular Antiquities it is stated that in Berkshire a ring made from a piece of silver, collected at the Communion, is supposed to be a cure for epilepsy and convulsions of every kind. If collected on Easter Sunday, its efficacy is greatly increased. In Northamptonshire a custom prevails to cure fits or epilepsy in a female, to collect nine pieces of silver money from nine bachelors to be worked up into a ring by a silversmith, who also must be a bachelor. In Suffolk, the sixpence piece must be crooked, while in some counties only five silverpieces are necessary. If a male suffers from the epilepsy, these contributions are levied on females. In Gloucester, the custom was to exchange this silver money for a halfcrown of Communion money and this half-crown was to be worked up into a ring. Silver is not considered necessary in Devonshire, where a ring is preferred made out of three nails that have been used to fasten a coffin and that have been dug out of the graveyard.

Rings made out of the chains of criminals or of the iron used in the construction of gibbets were worn for the removal of various diseases. Rings of lead, mixed with quicksilver were also used against headaches and various other complaints, while in the 14th century plain leaden rings cast in a mould were sold at a very small price for the use of the commonalty as a cure for colic.

We now come to rings with inscriptions: A gold ring engraved with the three letters S. M. V. (Santa Maria Virgo) was worn as a charm against St. Vitus' dance; a gold ring bearing the inscription Buro Berto Beriora was good for the toothache. Against the falling sickness write these characters upon the outside of a ring: † ou thebal gut guthani, and on the inner surface, write, † eri gerara. A ring bearing the inscription, Sca Bar (Santa Barbara) protected the wearer against storm and lightning. The name St. Margareth inscribed on a gold ring insured safe and easy delivery in child-birth. The sacred names of Jesus, Maria and Joseph were inscribed on rings worn as a preservative against the plague. Sometimes the inscription was altered

to the three letters I. H. S. or to Nazarenus-Rex-Judaorum. A most powerful prophylactic against epilepsy was a ring bearing the mystical emblem of the Tau T, and if to this T the Chaldee word Anani Zapta (have mercy upon us) was added, the power was irresistible.

The names of the so-called three Kings of Cologne Caspar, Melchior, Balthasar, constituted also a popular charm against diseases during the middle ages. This superstition of magical power in inscribed words we also find among the Norsemen. There were letters or runes to procure victory, to preserve from poison, to relieve women in labor, to cure bodily diseases, to dispel evil thoughts from the mind, to dissipate melancholy and to soften the severity of a cruel mistress. A ring is described in the 21st vol. of the Archaelogical Journal bearing the runic inscription "whether in fever or leprosy, let the patient be confident and happy in the hope of recovery." In the same volume we also find described a Dano-Saxon ring, that has been worn as an amulet against the plague, with the following inscription in runic characters:

"Raise us from the dust we pray thee, From pestilence, O, set us free Although the grave unwilling be."

We next come to the so-called Cramp Rings, and as before stated the first mention we find of rings for the cure of cramp is St. Edward's ring. The precise date when the Kings of England commenced to bless rings, regarded as preservatives against cramps or against epilepsy the morbus sancti Johannis—is uncertain. The earliest mention of the practice, which Mr. Edmund Waterton, who wrote a very interesting article on cramp rings, could find, occurs in the reign of Edward II. The prayer used in the blessing of the ring implores "ut omnes qui eos gestabunt, nec eos infestet vel nervorum contractio vel comitalis morbi periculum," that the wearers might escape cramp and epilepsy. Another entry in the "Constitution of the Household" under the same King, mentions that the King had given some money to be made into rings to cure sick

people. A similar entry may be found under Edward the IIIrd. "Medycinable rings" for curing the two above mentioned diseases are also mentioned in the Household books of Henry the IVth and Edward the IVth. Good Friday was the day appointed for the blessing of these rings and the ceremony was performed thus: "First, the King to come to the chappell or clossett, with the lords and noblemen waiting upon him, without any sworde borne before him of that day, and there to tarrie in his travers until the Bishope and the Deane have brought in the Crucifix out of the Vestrie and laid it upon the cushion before the highe altar, and then the usher to lay a carpet for the Kinge to creepe to the crosse upon, and that done ther shall be a forme set upon the carpet, before the Crucifix, and a cushion laid upon it for the Kinge to kneel upon. And the Master of the Jewell house ther to be ready with the cramp ringes on a basin of silver, and the Kinge to kneel upon the cushion before the forme, and then the Clerk of the Clossett be readie with the booke conserninge the hallowinge of cramp ringes and the aumer must kneele on the right hand of the Kinge, holdinge the sayd booke, when that is done the Kinge shall rise and go to the altar, where a Gent. Usher shall be readie with a cushion for the Kinge to kneel upon, and then the greatest Lord shall be ther to take the basin with the ringes and bear them after the Kinge to offer. And thus done the Queen shall come down out of her clossett or travers into the chappell with ladies and gentlemen waiting upon her and creepe to crosse and then go agayne to her clossett or traverse and then the ladves to creepe to the crosse likewise, and the lords and noblemen likewise. "In 1536, when the convocation under Henry the VIIIth abolished many of the old superstitious practices, this of creeping to the cross on Good Friday and blessing cramp rings was ordered to be retained as a laudable and edifying custom. In a medical treatise written in the 14th century, there is what is called the medicine against the cramp, and modernizing the language it runs as follows. For the cramp: "Take and cause to be gathered on Good Friday, at five parish churches, five of

the first pennies that are offered at the cross, of each church the first penny, then take them all and go before the cross and say five pater nosters to the worship of the five wounds and carry them during five days and say each day your pater nosters the same way, and then cause to be made a ring thereof, without alloy of other metal and write within the names of the three Kings of Cologne and write without Jesus Nazaræus, and then take it from the goldsmith upon a Friday and say five pater nosters as you did before and use the ring always afterwards." Lord Bernes, ambassador to Emperor Charles the Vth, writing to "my Lord Chancellors Grace" from Sarragossa, in 1518, says: "If your Grace remembers me with some cramperynges ye shall doe a thing much looked for and I thrust to bestowe they m well, with Goddes grace, who evermore preserve your most reverent estate."

A letter from Dr. Magnus to Cardinal Wolsey, written in 1526, contains the following: Please it your Grace to wete that Mr. Wiat of his goodness sent unto me, for a present certaine crampe ringges, which I distributed and gave to sondery myne acquaintances at Edinburghe, amonges other to Mr. Adam Otterbourne, who with one of thayme, releved a man, lying in the falling sickness in the sight of myche people, sethene which tyme many request have been made unto me for cramp ringges, at my departing there and also sethenne my comyng from thennes, may it please your Grace therefor, to show your gracious pleasure to the sayd Dr. Wyat that some ringges may be kept and sent into Scottlande, which after my poore oppynionn shulde bee a goode dede remembering the power and operacion of thaym is known and proved in Edingburghe, and that they be greatly required for the same cause by grete personages and others.

Gardiner in 1529 received a number of cramp rings to distribute among the English embassage to the Pope, "the royal fingers," he says "pouring such virtue into the metal, that no disorder could resist it."

Andrew Boorde alluding to cramp rings says: The

Kynges of England doth hallowe every yere crampe rynges, ye which rynges worn on ones finger, doth help them which have the crampe. And again in 1557, he writes: The Kynges majesty hath a greate helpe in this matter in hallowynge crampe rynges, and so given without money or petition, ye which rynges, worn on ones finger doth helpe them.

Rings containing a cavity filled with poison are occasionally mentioned in history. Demosthenes and Hannibal killed themselves by this means. Lord Egmont is accused of attempting to poison the Prince of Orange with poison concealed in his ring, and the pleasantries of the Borgias are too well known to bear repetition.

These cavities in finger rings would frequently serve better purposes. Thus in old authors we occasionally find stated that these rings enclosed a peice of the true cross, of course worn as a charm or talisman. St. Gregory states that his sister had such a ring and in the reign of Richard the IInd, we find that the Abbot of St. Albans' Abbey, and the Bishop of Lincoln got at loggerheads about another ring with a piece of the cross. Relics of martyrs and saints were of course frequently inserted in these rings.

Lupton says that a piece of a child's navilstring, born in a ring, is good against the falling sickness, the pains in the head and the colic. Epilepsy was also to be cured by wearing a ring in which a portion of an elk's horn was enclosed, while the hoof of an ass worn the same way had the reputation of preventing conjugal debility. In Wettal's dictionary we find the following distich:

"The bone of a hare's foot closed in a ring, Will drive away cramp, when as it doth wring."

Among the Mohammedans a talisman consisting of a slip of paper whereon a sentence from the koran was written and enclosed in a ring was in very common use, and in the middle ages and perhaps even later we find the monks in the habit of giving or selling these slips of paper, whereon usually barbarous latin was written; these slips were not to be opened and read under any

circumstances. One such slip was a sure cure for sore eyes and had cured ever so many. The latin inscription in Queen's English reads: May the devil scratch your eyes out, and fill their sockets with excrements.' Another such slip I have found mentioned does not bear repetition.

We now come to our last division: Wedding rings.

Old legends state that Joseph and the Virgin Mary used at their espousals a ring of onyx or amethyst. The discovery is dated from the year 996 when the ring was given by a jeweller from Jerusalem to a lapidary of Clusium, who indicated its origin. The miraculous powers of the ring having been found out by accident, it was placed in a Church and its efficacy in curing disorders of every kind was most remarkable. It must also have had the power to multiply itself, as similar rings were claimed as the genuine relic by many Churches at the same time and they all received the same devout homage. Probably the most celebrated of these Virgin Mary's wedding rings is the one still shown to the faithful on St. Joseph's day in the Cathedral of Perugia, Italy. Another of these rings enjoyed for nearly 1000 years the reputation of being the only true and original Mary and Joseph wedding ring; it was, or rather is, a cameo, and belonged to the Abbey of St. Germain des Prés. But, alas! one day an irreverent iconoclast came along, whom the evil one himself must have taught to read Greek; he demonstrated plainly that the inscription on the ring meant Alpheus to Aretho, and no doubt the reverend fathers were as disgusted with their ring, as the members of the Pickwick club were with their stone when "Bill Stumps his mark " was deciphered.

Pegge in his "Curialia" alludes to the superstition that a wedding ring of gold rubbed upon a stye of the eyelid was a sovereign remedy, but it required to be rubbed nine times, while a similar ring rubbed on the swollen gums is good for teething. A common belief in Ireland is that a wart touched or pricked with a gooseberry thorn through a wedding ring presently disappears. In some parts of

Russia it is supposed that water that has been dropped through a wedding ring possesses great merit as a lotion.

Suppose, says Culpepper, a man can not give his wife due benevolence, how may it be helped? The cure is easy. Let the man only make water through his wife's wedding ring.

Before closing I will give a couple of examples of anaphrodisiac wedding rings. Floriginus tells a story of a Roman knight, who was married in the year 1058. After the wedding ceremony was over he, with his bride and a few friends, went out on the lawn and commenced to play ball, wherefor our good knight took his wedding ring off his finger and placed it on the finger of a brass statue of Venus. When he came to take his ring back he found the statue had bent its finger so he could not get it off. So he left it there intending to get it next day; but during the night he found that the truly, brazen Venus would slip between him and his bride, so he was in a miserable plight. Had he called on a physician he would probably have been dosed with phosphorus and nux vomica; but, instead of that, our Roman went to a magician, who assisted him in getting an audience with old Saturn, who kindly ordered Venus to quit troubling him, which he did, and, as More says,

"His wife was then the happiest fair-

"The happiest he of men."

Not near so fortunate was a young man who inadvertently under similar circumstances placed his wedding ring on the finger of a statue of the Virgin Mary, the ring remained immoveable, and during the wedding night the Virgin Mary appeared, claiming him for herself. The poor man felt himself compelled to abandon his bride and that very night retired to a cloister, where he became a monk for the remainder of his life. This last story perhaps grew out of the legend of St. Agnes. A priest who officiated in a church dedicated to the Saint was very desirous of getting married. The Pope gave him permission and sent him a ring which the priest put on the statue of St. Agnes, when she bent her finger, thus retaining the ring. The priest remained a bachelor and yet, "as it is sayd ye rynge is on ye fynger of ye ymage." Before dismissing the subject it is but fair to add one word of caution. Johannes Nickolaus, a German professor, has most unceremoniously ascribed the power of these medicinal rings to the influence of the devil, who, he says, by these means, has attracted many thousands of human beings to his dominions. *



The Prevention of Opium Addiction,

WITH SPECIAL REFERENCE TO THE VALUE OF GALVANISM FOR RELIEF OF NEURALGIC PAIN. †

By J. B. MATTISON, M. D., BROOKLYN, N. Y.

Pain is the paramount cause of addiction to opium. Barring slaves to the pipe—who are simply victims of a vicious indulgence—exceptions to this statement are so infrequent as to weigh little against its correctness as a whole. In an experience embracing many cases, but a single instance to the contrary has been noted. Granting this the great genetic factor, and believing prevention better than cure, one can appreciate the surpassing importance of the therapeutics of pain in relation to the prophylaxis of this growing neurosis.

Peerless among anodynes is opium, yet it is potent for evil as well as good, and its power for ill is one of which we believe the profession at large has not an adequate conception, or, if aware of it—fails to realize it to the extent it deserves: and not until the mischief is done beyond their undoing, do they rise to an appreciation of what a subtle enemy is often ambushed behind a seeming friend.

The power of opium to make itself a necessity—to create

^{*}For most of the above mentioned facts I am indebted to the works of Mr. Charles Edwards, Mr. William Jones, Dr. Culpepper and Dr. Pettigrew.

[†]Read before the King's County Medical Society, February 17, 1885.

a demand for continued taking, would be almost incredible, were it not so often attested by sad experience. The writer's belief in this peculiar property becomes more profound with each case coming under his care, and when medical men, in general, accept it as a fact, and act accordingly, we believe the steadily growing proportions of this toxic disorder will be speedily checked and decline.

Pain, be the character what it may, if sufficiently persistent, and the giving of opiates too prolonged, will, almost unfailingly, beget this disease. But it is to the strictly neuralgic type, the one so often encountered by every-day medical men, that this assertion pre-eminently applies. It goes without saying that in no other land does this outcome of impaired nerve tone prevail as with us. Why this, is well enough known, and need not detain us here. The fact cannot be gainsaid, that neuralgia abounds and that its treatment with opiates—especially morphia hypodermically—has made more opium habitués than can be placed to the credit of any other one cause.

It would illy become us to assert that this lamentable sequel can be entirely prevented, but we certainly think it can be largely lessened, and the special point of this paper is to invite renewed attention to a remedy, the value of which the profession at large has not, we think, proper knowledge and appreciation, and which, in our opinion, outranks all others as a substitute for opium in the relief of neuralgic pain.

Dr. Anstie, in his unrivalled work on Neuralgia, speaking of electricity in its treatment, said: "I shall make bold to say that nothing but the general ignorance of the facts can account for the extraordinary supineness of the mass of English practitioners with regard to this question." Nearly a decade and a half have passed since this was written, and yet we believe it is true, to-day, of many American medical men. Certain it is, no physician who has not had properly directed experience on this subject can form any idea of the possibilities for good possessed by a well equipped galvanic battery. Anstie's estimate of

it was: "The constant current is a remedy for neuralgia unapproached in power by any other save only blistering and hypodermic morphia, and even the latter is often surpassed by it in permanence of effect: while it is also applicable in not a few cases where blistering would be useless or worse."

With this opinion we are in full accord, and a growing experience serves only to strengthen our conviction of its truth.

In a paper by the writer—Louisville Medical News, Feb. 23d, 1884—attention was called to the value of this agent in relieving migraine. Our present purpose is to ask consideration of its merit, by actual trial in the hands of those who have not employed it, for the relief of other neuralgic pain. Every physician who has given attention to the treatment of opium habitués well knows how often some form of neuralgia follows among the sequelæ of an opiate disusing. Those that slumber, as it were, during the opiate addiction, often, seemingly, take on a new lease of life. Others, that may be pronounced, are, essentially, the outcome of impaired nerve tone due to the opium taking. In either event, they must be remedied, if we would have the prospect of permanent cure at all promising.

One danger ever menaces the ex-opium habitué—the occurrence of pain and the risk in re-using opiates. To guard against this latter, he must needs lend every effort, for on his success his future depends. He who has escaped the thraldom of opium is no longer like his fellows. The boon granted them, if required, is denied him, for one dose of the old narcotic may undo all done months or years before—a truth many an habitué learns by sorrowful experience; but one which, happily, proves at times an increased and assured protection against further ill.

To the ex-habitué, some substitute for opium is, then, a sine qua non, and of all such with which we have had any experience, not one equals the galvanic current. It is a most valued ally, and our estimate of its worth increases as experience with it extends. Points in its favor as com-

pared with remedies given by mouth, so far as regards unpleasant gastric or other results, need not be stated; they are self-suggestive. One great advantage it possesses is promptness of effect, often surpassing in this respect, even hypodermic morphia. The latter is sometimes ineligible, and when it acts kindly as an anodyne, is frequently followed by such nausea, vomiting, headache or general discomfort as to make the freedom from pain a relief dearly bought. No such charge can be made against the current, for when it fails, as at times it will, disagreeable sequelæ are not noted, if the battery has been properly equipped and rightly managed.

We are not aware that ex-opium habitués possess any peculiarity or susceptibility that makes neuralgic pain in them any more amenable to galvanic treatment than when it occurs in those not addicted to this drug. If this be true, it follows that the latter are as eligible subjects for the constant current, with just as rich promise of successful result as the former. Authorities agree as to its value. Bartholow says: "There is no fact more certain than the power of galvanism to relieve pain." Others, commending it, declare, as did Anstie, that lack of knowledge as to its value and consequent failure to employ it, are largely, the cause of its limited use.

This paper, as asserted, is a plea for securing a practical acquaintance with it, at the hands of those who are now unaware of its worth. Electricity need not and should not be limited to the specialist. Every practioner, if he will, may avail himself of it. Careful study of its theory will pave the way for success in its practice. Varied works of this topic are at his service, and, without disparagement to others, it may be said that the last edition of DeWatteville's treatise will bring him quite abreast the times regarding it.

One obstacle to its more general employment may have been the lack of a battery that combines the three features desired—lightness, smallness, cheapness. Faradic batteries of this type abound, but the interrupted current is of very limited value in true neuralgic pain. Had the demand for such a battery, incident to a more extended use of the constant current, been created, we are inclined to think it would have been promptly supplied. At present we know of no galvanic battery, unless specially constructed, that contains less than ten or twelve cells. Absence of a smaller and less costly instrument has, we think, been a bar to more extensive use of electricity. As a fact, in very many cases, the larger batteries are not needed. Of all forms of neuralgia, facial is the most frequent and, in many instances, a current of from two to four cells will suffice for its relief. We have repeatedly proven this with the Bartlett battery, made by the Galvanno-Faradic Company, which, when a large instrument (12 to 36 cells) is desired, has many points in its favor.

For those desiring a smaller battery, the Kidder Manufacturing Company make one of four cells, which we have known give entire relief in severe neuralgic pain. It is small, inexpensive and efficient. Not only is it valuable in professional hands, but it is especially adapted to domestic use, details of its management being easily acquired and applied.

Galvanism is not here lauded as a specific for neuralgia, nor is it intended to serve as a substitute for well directed general treatment to improve the impaired nerve statue on which the painful bouts depend. Neither of these roles will it fill, although cases have been recorded where entire and permanent freedom from suffering has followed a single application, but this is not the rule. The great point gained by it is relief from pain without resort to opium—the exceeding importance of which will be all the more appreciated when one considers the oft recurring outbreaks so peculiar to this disorder and the consequent need of repeated narcotic doses to secure the desired result.

Having decided on a trial of galvanism, the strength of current, points of application and length and frequency of sittings must be duly considered. Regarding all these, careful study should be made of some standard work on the subject; but, in general, it may be said, as to the first,

it must be painless—nothing more than moderate tingling, burning or redness under the negative pole. When used about the head, a current strong enough to cause slight flashings of light, if the eyes are closed when the circuit is broken, will usually relieve the pain. In a battery, newly charged, we have known two cells suffice. Minimum strength is required about the brain: marked flashes, vertigo or faintness are excess, and must be avoided.

Neuralgia of the trunk and extremities requires a stronger current, the extent of which individual peculiarity must determine.

The site of the electrodes varies according to the nature of the case, but, as a rule, the positive pole over the vertebra corresponding with the exit point of the nerve affected and the negative over the painful part will succeed. Some insist on a reverse order—i. e., negative to the spine—but, in general, it is not essential: either will answer, though, as a fact, we have invariably noted, in bilateral cases, earlier subsidence of pain under the negative pole. In the latter, exceptions to this method may be practiced: for instance, in migraine, an electrode on each mastoid, or in supra-orbitral or temporal, over each eye or temple.

Length of sitting varies. Anstie asserts five to fifteen min. the rule. We have repeatedly known less than the first sufficient and have not hesitated to continue it more than the latter if the attack showed tendency to subside. Prolonged seances are more allowable to parts other than the head and face. Pelvic neuralgias and sciatica most often require extended sittings. If several painful points, the current can be no longer given by varying the site of application, taking care not to break it, by lifting the electrode, but allowing it to glide from one place to another.

Frequency of sitting depends on frequency of attack. Every bout should at once be arrested. The more promptly this is effected the better. It lessens nerve exhaustion and tendency to recur. Dr. Herbert Tibbits cites a striking case bearing on this point. A patient, for two years had been subject to attacks of neuralgic pain, occurring

from six to twenty times daily. She was galvanized twenty times on the first day. Improvement was rapid: after a month's treatment, attacks were reduced to one or two weekly: in three months, patient was cured. Dr. Tibbits believes that in severe and obstinate cases, the full sedative effect of the current is only to be obtained by applying it as frequently as the paroxysms of pain recur.

Two cases, under personal care, will illustrate. Mrs. A. became an habitue from using morphia for relief of pelvic pain. After twelve years addiction, reaching a daily taking of twelve grs. hypodermically, she came under the writer's care and recovered. During her convalescence she had repeated attacks of neuralgia—seventeen, in all—and some exceptionally severe. Thirteen were ovarian, three trigeminal and one intercostal. In every instance, the constant current gave entire relief after a seance ranging from 6 to 20 minutes, with a strength of 6 to 16 cells. The negative pole was always applied to the painful part. This lady's husband is a physician, and in his hands, the battery has since served her well.

Mrs. B. recovering from an opiate addiction, had from one to four neuralgic attacks, daily, for nearly three weeks, and then, at increasing interval, a fortnight longer. They were bilateral—supra-orbital and through temples. Some were intense. Without exception, every one was entirely relieved in from 3 to 7 minutes by a 2 to 4 galvanic current. The poles were applied to the painful points, and it was invariably noted that the pain first subsided under the negative pole. Patient was instructed how to use the battery, and repeatedly did so with success. Leaving our care she sailed for the Bahamas, and in order to be prepared for possible neuralgic returns, we supplied her with a 4 cell Kidder galvanic, the efficacy of which we had determined by several trials, in which a 2 cell current gave entire relief. Tidings received since her leaving, prove it retains its power to remove the occasionally recurring pain.

Nothing could be more satisfactory—in fact we know of nothing so much so—as the prompt and complete success

of galvanism in these cases. And they are not isolated examples. Their like abounds in medical annals. The Germans, notably Niemeyer, have given some most striking cases, making them, as has been well asserted, "among the most interesting facts in therapeutics that have ever been recorded."

Since then, there is at command a remedy so effective, and, withal, so free from unpleasant result, we urge the profession to avail themselves more largely of this powerful auxiliary in the therapeutics of neuralgic pain, instead of the so common resort to opiates, and especially, the facile—yet so often fatal as regards the mental and physical health and happiness of many—hypodermic syringe. It is a trite story, but it is a true one—this using of opium to one's harm. Its importance can not well be over-insisted on, and the right minded physician must admit and appreciate it, if he would conserve the well-being of many who consign themselves to his care.

But it is so easy to prescribe an opiate for neuralgia pain, that medical men—unmindful of possible harm—have been too often content to follow the old routine. Is it not time to begin a new order of things: to get out of the old path into one that will lead to better result, since free from the former risk?

Would it not be wiser for every practitioner to equip and acquaint himself with a galvanic battery, and make trial of this, rather than, at once, to opium? Would it not be far more prudent to provide his neuralgic patient—if occasion required—with this, and instruct as to its use, rather than supply morphia, or an opiate prescription, which, as every one knows, can be so easily re-filled, to excess, or, most pernicious of all advice—since it is almost sure to have a ruinous ending—to counsel the purchase and self-using of a hypodermic syringe?

Let each one put this query to himself and weigh well the answer.

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EDITORIAL.

THE SYPHILOCOCCUS.

In the *Journal of Cutaneous and Venercal Diseases* for February is an article by M. P. Bricon, translated from *Le Progres Medical* of October, which may well serve as a warning of how illogical even a scientific man may become when dominated by a favourite theory. Our own attitude upon this question is an extremely conservative one. That certain diseases have been proven to own a microbial origin no well-informed physician now disputes, but against the prevailing rash ascription of most contagious diseases to a parasitical cause we feel bound to protest.

In his paper M. Bricon cites many authorities who have observed micro-organisms in the secretions of syphilitic sores, in gummata and in the blood of syphilitic patients, but to an unpredjudiced observer it seems that the microbes of different observers, all equally consciencious and reliable, differed not a little from one another, the points of difference being as great apparently as those between microbes now supposed to be the causes of wholly distinct diseases. M. Bricon also quotes Klebs as saying in 1878 that "human syphilitic products contain a low grade of specific organisms—micrococci and rods—which, cultivated independently, are characterized by the production of peculiar forms, the *helicomanades*. By inoculating suitable animals with these latter, the human variety of syphilis is produced, as well as that which belongs to the infe-

rior species." Now observe: "The successful experiments in this instance were performed upon two monkeys, one of which was inoculated with a culture fluid; the other with excised portions of an indurated chancre. The former became affected with ulcers resembling syphilitic sores, in the buccal cavity and on the gums; the latter developed a papular eruption. No initial symptoms were observed in either, but the autopsies disclosed lesions which were taken for premature syphilomata." (The italics are ours.) The blood of a pig which had been inoculated by Martineau with a culture fluid, in which an indurated chancre had been steeped for twenty-four hours, was found next day to contain bacteria. "One month later a 'papulo-squamus syphilide' was developed. In the blood of another pig (four weeks old) bacteria were discovered four days after inoculation as above, followed likewise on the fourteenth day by a squamus syphilide." These experiments, however, count for little, the results are doubtful, and the technique not above suspicion. "On November 17th, 1882, a monkey was inoculated by Martineau with the secretion from an indurated chancre. Twenty-eight days later, two chancres, having all the typical characteristics of an indurated sore, made their appearance upon the animal's prepuce. These were succeeded by unequivocal secondary symptoms. In September, 1883, an ulcerated syphilide, which persisted for three weeks, had formed upon the velum palati. October 21, epileptiform paroxvsms occurred, lasting four or five minutes each. December 3d, an hypertrophic papulous syphilide was noticed on the right side of the scrotum. June 18, in the following year, another papulous syphilide appeared on the palate, remaining fourteen days. After this, the monkey began to recover, and ultimately was restored to perfect health."

Upon the foregoing M. Bricon bases these conclusions: (1) That syphilis is a parasitical malady. (2) That its microbe is probably a micrococcus, whose nature has still to be ascertained. (3) That inoculations with the direct products of syphilis have been negative, or at least doubt-

ful in their results, excepting in the case of Martineau's monkey, which is still a solitary instance. (4) That inoculations with culture fluids have been entirely unsuccessful, owing, perhaps, in part at least, to the defective methods generally pursued. M. Bricon is enabled to deduce these conclusions, we suppose: First—From the authority of those holding to the parasitic origin of syphilis. Second-From the fact that microbes have been found in syphilitic blood, secretions and tissue. Third—From the consideration that although no results have been produced by inoculation with culture fluid containing the syphilococcus, inoculations with the direct products of syphilis have proved equally fruitless, if we except the case of Martineau's monkey. Of the first we have nothing to say. Of the second enough has been said. Of the third we beg leave to say that it is precisely the case of Martineau's monkey that we refuse to except. When two or more monkeys have been by inoculation with carefully cultured syphilococci, as indubitably infected with syphilis as was Martineau's, and when the facts have been attested by two or more trustworthy, independent observers, we will unhesitatingly declare that syphilis is a parasitic disease, and that we have successfully isolated its microbe. Until that time we shall withhold our belief, and continue to protest against unscientific enthusiasm and looseness of logic.

PURIFICATION BY FIRE.*

For many months throughout all the land has been heard the voice of the sanitarian appealing to all the people to burn not bury their dead, lest these after many days suffer an unhallowed resurrection as plagues and pestilences. And the voice has been heard—a certain sign that it spoke with truth—and everywhere the crematory is rising. Probably now all physicians and all that enlightened minority of laymen not comprised in the "many of them fools" divis-

^{*}The Ultimate of Sanitation by Fire. By J. M. Keating, of Memphis, Tenn. The Sanitarian. February, 1885. No. 183.

ion of our fifty millions are in favour of this sanitaryreform. Now comes Dr. Keating crying to us with a loud voice: Look not behind thee, neither stay thou in all the plain; escape to the mountain, lest thou be consumed. Truly this is an appalling page. London and Paris with their Thames and Seine festering with the filth of millions; Marseilles and Naples, with their putrid bays; Pekin, with her stinking, filth-fertilized fields; New York, with her horrible tenment house privies and improved trap sewage systems leading into her luxurious houses all manner of deadly gutter gases: Boston with costliest of apparatus! Thus an endless catalogue of towns and cities all declaring, by practical results, that the outcome of all our nineteenth century improved system of sewage is poisoned earth, poisoned air, poisoned water.

Indeed, these calculations seem well established: That of all methods of getting rid of our filth, heretofore tried on a large scale the system of underground sewerage with its modifications is the best: but that no town or city possesses a water course into which to cast its sewage, sufficiently large or swift to carry the refuse matter safely, beyond hope of regurgitation, out to sea, and to oxidize it into harmlessness in the process: That most towns draining into streams a certain distance above their mouths poison the water supply of towns situated lower down: sewers are liable to deposits of decaying matters, generating noxious gases, which it seems impossible in practice to keep out of the houses connected with them. As the only remedy for these gigantic and ever growing evils the warning finger of sanitary science is slowly turning to the all purifying flame.

In the paper that suggested these remarks, Dr. Keating describes an excellent and economical furnace for the destruction of all kinds of refuse matter (save odure) established in London in 1883 by Mr. Geo. Shaw. The products of combustion in this furnace are of commercial value and we understand that the owners derive a handsome income from the invested capital. This seems to us to be

clearly the ultimate of sanitation. Here in New Orleans, where the difficulties of an underground system of sewerage seem so great as to be almost insurmountable, and where, therefore, the dangers of such a system would doubtless be greatly enhanced, what a priceless boon one or more such furnaces would be to the inhabitants. No more green slime coated canals, no more drainage machines with inefficient wheels churning into the air pestiferous gases, no more reeking nuisance wharves and broken nuisance boats! The picture seems so fair that we feel inclined at once to sigh—the unattainable. But must we stand ever hesitating in the plain? Are we in truth never to escape to the mountain?

ANTISEPTIC INTESTINAL MEDICATION.

It had long been suspected that in some infectious diseases, absorption of the intestinal contents and of the fecal matters, acts as an important factor in producing certain symptoms closely allied to uraemic poisoning, and which have been grouped together by Bouchard under the name of stercoræmia. Since the discovery of micro-organisms and of the alkaloids of putrefaction, this suspicion has been changed into a certitude, and among the diseases in which this stercoræmia may be most often seen, typhoid fever holds a most prominent place.

Dr. Dujardin-Beaumetz, of Paris, has lately contributed a most interesting article to the "Bulletin General de Therapeutique," in which the subject is very ably treated. The possible source of infection, he says, may be threefold: 1st. It may come from the micro-organisms always present in the intestinal tube, and which are introduced from without with our food, or are deposited from the air on the buccal and pharyngeal mucous membrane and are swallowed with the secretions of those parts, or which are generated in loco, the intestinal tube having been shown by Netter to be a most favorable culture medium. 2d. The source of infection may be the so-called alkaloids of putre-

faction, which have also different origins, those arising from the decomposition of the albuminoids of our food, called by Selmi, *ptömaines*, those generated by the living cells, named by Gautier leucomaines, those due to the action of gastric juice on fibrin, as mentioned by Tauret, and lastly those coming from the secretions of the micro-organisms. 3d. The next cause of this infection are certain substances developed by fermentation, such as leucin, tyrosin, stercorin, excretin, indol, phenol, etc.

These substances, which are always present, even in physiological states, are eliminated by the kidneys and intestines, many being destroyed by the action of the bile; but suppose from some cause or other the eliminating organs cease to functionate, or only do so in an imperfect manner, then will result an absorption of these toxic materials, greatly favored by epithelial denudation, and will cause, in consequence, a real intestinal septicæmia, called stercoræmia. To prevent the development of such a condition, there are two indications: 1st, the prevention of the development of these poisonous agents and the destruction of those already evolved; and 2d, to favor their prompt elimination. The second indication is chiefly met by purgatives, which we need not mention here. Dr. Dujardin-Beaumetz favors particularly the Cascara Sograda (Rhamnus Purshiana), which is recommended as a fluid extract in doses of 30 or 40 drops, or in the form of powder.

The first indication is met by antiseptics, either taken by the mouth or per anum. The antiseptics which may be used for rectal injections are few, that class of medicines being, as a rule, too irritating; the best, perhaps, for this purpose, is the *carbo ligni*, as prepared by Belloc, suspended in water. For the upper intestinal tract, this carbon may be used *per os*, but it is sometimes very objectionable to the patient. Iodoform has been used, but in large doses is too irritating. Dr. Dujardin-Beaumetz gives preference to sulphocarbon water, which he prepares in the following manner: sulphide of carbon I part, water 20 parts with a few drops

of essence of peppermint, to be well shaken before taking. Of this solution he gives 4 or 5 tablespoonfuls daily. He claims it to be highly beneficial and to have no toxic property whatever.

THE HEREDITARY TRANSMISSION OF PULMONARY CONSUMPTION.

Under the above title, Dr. John L. Davis publishes a paper in the Cincinnati Lancet and Clinic, read before the Cincinnati Medical Society. The paper is not a lengthy one but its few pages contain tables giving careful analyses of 1000 cases of pulmonary consumption. The family histories of the cases were all reliable, and they have been so well studied and analyzed by Dr. Davis, that the results of his studies may well be considered as representing the true status of the question of the heredity of consumption. Of the doctor's 1000 cases, 700 were male and 300 female, and he has thus been enabled to determine the relationship between sex and heredity. He does not limit the term hereditary to those cases whose parents only had consumption, but applies it to all who had a parent, a brother or a sister affected with the disease, all others are classed as non-hereditary.

In general, consumption was hereditary in 48 per cent. of the males and in 65.7 per cent. of the females. It is seen from this, that in males the non-hereditary patients are 4 per cent. more numerous than the hereditary; but in the females, the hereditary cases form by far the greater number. It would also appear probable, that acquired consumption is relatively more frequent in males than in females. In the general average, there is a preponderance of hereditary over non-hereditary cases amounting to about 8 per cent,

Of the 1000 cases, 435 had phthisical parents, and in 67 cases, both parents were consumptive. This would show that about one-fourth of the parents of consumptives are themselves consumptive. Dr. Davis's studies show that

mothers are more subject to consumption than fathers, the preponderance being 45 per cent., a much greater difference than that stated by Sieveking and others. Mothers transmitted consumption oftener, than fathers. Brothers and sisters of phthisical patients were affected in about equal number. This is contrary to usual experience; it is asserted that daughters are 15 to 20 per cent. more likely to inherit the disease than are sons.

In regard to the influence of age upon phthisis, Dr. Davis's tables forcibly illustrate the great prevalence of the disease between the ages of 20 and 46: both sexes showed the same excessive disproportion. This accords with the common experience. Patients between those ages show an excessive disproportion of affected relatives. The transmissibility of the disease is apparent even at the age of 50 or 60 years.

Other constitutional diseases occurred among the rooo cases with sufficient frequency to merit the belief that they have some influence in determining tuberculous diathesis. Cancer stands at the head of these, then follow scrofula, epilepsy, insanity and paralysis. In the parents of consumptives, cancer occurred twice as often in mothers as in fathers, a proportion which corresponds with the greater proclivity of women to this disease. Dr. Davis quotes Thos. Weeden, Cooke, Sibley, Wedl and Paget, to show that cancer and tuberculosis have a close relationship. Dr. Cooke is convinced of the interchangeability of cancer and phthisis in hereditary transmission, and Paget "has seen at least one instance in which active tuberculous disease of the lungs was arrested immediately before the appearance of a scirrhous cancer of the breast."

We cannot here state all the features of Dr. Davis's paper. His conclusions however, are based upon careful study. He differs somewhat from the Mutual Life Insurance Co., of New York, and from Walshe, who declare that "phthisis in the adult hospital population, is to a slight degree only, a disease demonstrably derived from parents." Dr. Davis arrives at results obtained from a

close study and analysis of cases, the number and reliability of which should suffice to firmly establish the truth of his conclusions.

THE STATE OF THE CASE.

During the past year Dr. B. A. Watson, of Jersey City, has been engaged in an experimental study of certain anæsthetics, an account of which was laid before the last meeting of the American Surgical Association, and now reaches us in the form of a reprint from the Transactions of that body. This paper, together with the report of the discussion which followed its reading before the association, give a very clear idea of the present attitude of the mind of the profession towards the question: "Which is the safest anæsthetic?" The anæsthetics experimented with by Dr. Watson were bromide of ethyl, chloroform and sulphuric ether. The subjects were eighty-two rabbits and twenty-five dogs. These animals were kept in a condition of profound anæsthesia for two hours, and during this time observations were made upon the pulse, respiration and temperature at intervals of about a half an hour. Similar observations were made during the seventy-two hours after recovery from the state of anæsthesia. The experiments showed: 1st. That chloroform is a more depressing agent than ether. 2nd. That a resort to artificial respiration became necessary most frequently during the use of ethyl bromide, less frequently during the use of chloroform, and was never necessary during the use of ether. 3d. That the death rate by ether was relatively very small. (Rabbits 16 2/3 per cent., 62 1/2 by chloroform, and 50 per cent. by ethyl bromide; the mixtures of alcohol, chloroform and ether, and alcohol, chloroform and ethyl being almost, it not quite, as deadly. Dogs, by ether none died; by chloroform none; by ethyl bromide all died.) 4th. That ethyl bromide, whether given pure or in combination with other anæsthetics, frequently causes more deaths within the forty-eight hours which follow its administration

than during the period in which complete enæsthesia is maintained, especially when the latter has been protracted; although sulphuric ether, chloroform, and their mixtures are generally free from this danger. 5th. That death was invariably preceded by very rapid respirations, regardless of the anæsthetic which produced it. 6th. That death occurring during the administration of ethyl bromide is, in all probability, caused by its paralyizing action on the heart.

Dr. Dawson, of Cincinnati, who opened the discussion, cited two cases from his own practice where death had occurred from heart failure under chloroform. In one case the field of operation thrice became suddenly bloodless; the third time the patient died. He believes that chloroform is a dangerous agent, killing beyond hope of resuscitation by paralyzing the heart, and that the danger does not depend upon the amount of chloroform administered, or the length of time the patient is kept under the influence, but upon the condition of the patient at the very time of its administration. In support he quoted the case of a Mrs. G., who had taken chloroform in eight confinements, in one of them having been kept under its influence for twelve consecutive hours, and who seated in a dentist's chair, having taken (from the hand of her physician,) half a dozen whiffs of chloroform died of cardiac paralysis. On the other hand Dr. Donald Maclean, of Detroit, quotes Simpson's celebrated case of the patient who died under the touch of the knife before chloroform had been administered, and brings forward a similar case of his own. Dr. Maclean has been using chloroform liberally for twentyfive years and has vet to see an accident. Dr. Wm. Bvrd, of Quincy, Ill., said that he had lost one patient by chloroform. He had kept her under the influence of the drug on a previous occasion for an hour. "She only breathed a few times after the chloroform was administered when she died." Dr. B. uses a mixture of ethyl bromide, chloroform and alcohol in Johnsons' inhaler and finds it safe and agreeable. Dr. L. McLane Tiffany, of Baltimore, spoke in favour of ethyl bromide. He thinks it as safe as any anæsthetic can be in the nature of things, provided that the patient is in the recumbent posture, that the duration of the state of anæthesia is short and that the administration is not repeated at the sitting. Dr. Conner, of Cincinnati, has had one death by chloroform. He feels bound to use ether because it is so much the safer.

From all of this we gather that the minds of our ablest physicians are still in an unsettled state upon this most important question: that bromide of ethyl is an anæsthetic of the use of which we had best be chary for the present, and that it should never be used to produce more than a tew moments unconsciousness: that ether should be regarded as safer than chloroform, but that the latter is as much more dangerous than the former as experiments upon the lower animals would lead us to believe, is not borne out by a vast clinical experience. In considering this question we must remember that chloroform is still the anæsthetic throughout most parts of the world, and that its dangers bear a most pertinent relation to the intelligence and attention of the administrator. This matter of the relative safety of chloroform and ether presses upon the whole profesion for solution. It can never be settled it seems to us, until a number of medical men be found devoted and painstaking enough to keep a record of every case in which they administer, or assist in administering, either agent and the result, and after many years to give the figures to the world. Then will we be able to determine the percentage of deaths by chloroform, and by ether, and therefore the degree of danger attending the use of either anæsthetic. Then, and not till then, will we know the true state of the case.

ELECTRICITY AS A STIMULUS IN CARDIAC AND RESPIRATORY FAILURE.

An interesting discussion reported in the Boston Medical and Surgical Journal, on the above subject, took place in the New York Academy of Medicine. Dr. Gaspar Gris-

would read a paper, the object of which was to inquire how far the methods of applying electricity under the above conditions were in accordance with what we know of the physiology of the heart's action. The doctor's studies show that there are conditions in which the use of electricity is beneficial, and others in which it may hasten or produce a fatal result. In the discussion, Dr. Amidon said that he was glad that Dr. Griswold had had the courage to tear down the idol electricity from the throne which it had so long occupied. We may exult with Dr. Amidon in the downfall of a usurper; but as Dr. Griswold's studies more clearly define the limits of the applicability of electricity, we think that another step has been made in the direction of the proper and scientific use of this potent agent.

The accelerator nerves of the heart are opposed by the inhibitory pneumogastrics. In order to stimulate the heart, it would be necessary to apply the electricity directly to the organ; but practically it has been found that this has a depressing effect. In two cases, one of cardiac failure after etherization, the other, poisoning by bitter almonds, the faradic current was used, with one pole over the heart, and the other over the pneumogastric and phrenic nerves in the neck. The first case died in about an hour after the withdrawal of the anæsthetic, and Dr. G. thinks that the electricity might have caused the fatal result. The second case recovered in spite of the electricity, according to Dr. Griswold's view. In the latter case, the pneumogastrics may have been paralyzed by the bitter almonds, and no increased inhibitory influence transmitted to the heart. In a case of accidental aconite poisoning, Dr. G. declined to use electricity on the ground that while it might assist respiration by stimulating the phrenic nerve, it would also depress the heart by stimulating the pneumogastric. It is rational to apply an electrical current to the neck in cases of respiratory failure; but, in stimulating the phrenic nerve the pneumogastric is also necesstimulated, because the two nerves lie very close together, and the heart is in consequence depressed, unless the pneumogastric be paralyzed. Dr. G. experimented with aconite and other drugs on dogs. He found that the application of a strong electrical current to the pneumogastric did not depress the heart in dogs under the influence of aconite; hence he concludes that he was wrong in not applying electricity in his case of aconite-poisoning. In opium-poisoning, the pneumogastrics are apt to be paralyzed, and electrization of the neck would then stimulate only the phrenic nerve. However, Dr. Griswold knows of one case of opium-poisoning in which the sudden application of a strong current to the neck caused instant death. Hence the following conclusions: 1. That electrical stimulation of the phrenic nerve is liable to stimulate the pneumogastric also; 2. That only mild currents should be employed; 3. That especially should the sudden application of a strong current to the neck be avoided.

In dogs under the influence of chloroform, the application of electricity to the pneumogastric caused death: Dr. G. inferred that the pneumogastric retained its excitability, and that it is extremely dangerous to apply electricity in that condition. In asphyxiation by ether, the heart could stand stimulation of the pneumogastric; whence he concluded that it would be safe to stimulate the phrenic nerve to a certain extent. In well marked opium-poisoning, the pneumogastric is paralyzed, and there is, therefore, less danger in stimulating the nerve in that condition than in health. When morphia is injected into a vein, the case is different: It was found that the heart was easily depressed by the application of electricity to the pneumogastric. The general conclusions at which Dr. Griswold arrived were:

- 1. That electricity cannot be applied clinically in such a way as to stimulate the heart, literally speaking.
- 2. That the application of one pole to the neck and the other to the precordial region stimulates the pneumogastric, and may kill.
 - 3. That the stimulation of the phrenic nerve neces-

sarily involves the stimulation of the pneumogastric, on account of their proximity in the neck.

- 4. That the liability to stimulate the pneumogastric is not great in poisoning by aconite, ether, or opium, on account of the paralysis of that nerve caused by these drugs.
- 5. That in heart-failure from chloroform or the injection of morphia into a vein, the application of electricity is strongly contra-indicated.
- 6. That under no circumstances should a current strong enough to excite muscular contradiction be applied suddenly over the neck.

Theoretically, Dr Griswold's views are correct; but in practice the lines may not be so sharply drawn as is indicated in Dr. G.'s paper. This, however, will no doubt have the effect of defining the use, and dimishing the abuse of a valuable therapeutic agent.

PREHISTORIC DENTISTRY*.

There is no new thing under the sun! Indeed, this remark itself is now well-nigh on to three thousand years old, and has, to most ears at least, lost to a certain extent its pristine freshness. We think, however, that most readers will agree that we were excusable in letting the remark slip from us when we declare to them that we have just been informed that false teeth of highly creditable workmanship, and apparently in every way calculated to have been just as refined instruments of torture as those of modern make have recently been brought to light from ancient Etrurian tombs. Etrurian, ye Heavens! Why Etrurian civilization fell away as the Roman advanced, and save a few tombs containing certain inscriptions which we cannot read, some broken pottery, and a score or so of skulls, there is nothing else to tell the tale. Yet here they are, false teeth, unmistakable false teeth! Some human, borrowed from a slave perhaps, some carved from the

^{*} Some evidences of Prehistoric Dentistry in Italy. By J. G. Van Martin, A. B., D. D. S., Rome, Italy. The Independent Practitioner, January, 1885.

teeth of large animals, all set in bands of pliable gold intended to slip and be moulded over the owners genuine dental furniture. We were aware that the Etrurians were a warlike people addicted to writing from left to right on linen white, and with an abiding affection for the house of Tarquin. Have we not read our Lays of Ancient Rome since the time that we could read at all? But false teeth, save the mark!

Dr. Van M., tells us also that he possesses a skull which proves beyond the peradventure of a doubt that the Etrurian mortal of a thousand years ago knew the "venom'd stang" of alveolar abscess, and dental carres as well as his brothers of to-day. We are sorry that we ever came across this bit of information, for the picture which our imagination calls up of that high minded warrior Lars Porsena of Clusium bowed down in all the agonies of toothache, is too much for us. Let us quote again: "Is there anything whereof it may be said, see this is new? It hath been already of old time, which was before us."

THE INDEX MEDICUS.

It is announced that Mr. George S. Davis, medical publisher, of Detroit, Michigan, has undertaken to continue the publication of the *Index Medicus*, with the full approval of Drs. Billings and Fletcher, and the consent of the former publisher, Mr. Bowker.

The *Index Medicus*, constituting as it did a *complete* catalogue of every book, magazine article, or other publication, on medical or allied subjects, was one of the most valuable medical journals of the world. Although, not appealing to the rank and file of the profession, it was an absolutely indispensable work of reference to all medical writers, editors and workers in special fields, and altogether one of the most useful books to be found upon the shelves of any medical library, private or public.

Owing to the peculiar nature of the journal it has not here-

tofore been remunerative to its owners, but with rare and commendable disinterestedness Mr. Davis has, in spite of this fact, undertaken its publication in all of its former accuracy and beauty of form.

The editors of this journal congratulate Mr. Davis upon his public-spirited resolve, promise him their warm support and sympathy in the undertaking, and call upon all workers in the field of medical knowledge to lend him their prompt support.

It is requested that all exchanges, and books and pamphlets for notice be sent to *The Index Medicus*, Washington, D. C.

Reviews and BOOK-Notices.

Transactions of the American Ophthalmological Society
Twentieth Annual Meeting. Catskill Mountains:
1884.

Dr. Hackett Derby relates a case of simple chronic, or recurrent, iritis, which he observed for two years. During this period innumerable attacks had only resulted in the formation of a few synechiæ, the depositton of a little pigment on the anterior capsule, and slight diminution of vision. All remedies save mydriatics used during the attacks proved valueless. At the end of the two years, when the attacks were growing less severe, another surgeon performed iridectomy on each eye. For three months the attacks recurred exactly as before, and then ceased altogether. The patient complained bitterly of intolerance of light and inability to accommodate herself to sudden changes of illumination. Dr. Derby does not believe the iridectomy was productive of real good, having been performed just as the disease was about disappearing spontaneously. Dr. H. Knapp concurred in this opinion, and thinks that these cases usually recover after a more or less prolonged course, that the best practise is not to operate unless symptoms of glaucoma or cystitis complicate the case.

Dr. Geo. C. Harlan reports the case of a girl of sixteen, in

which there were spasms of the facial muscles, blepharospasm, extreme dilatation of the pupil, and simulated blindness of hysterical causation, completely relieved by the application first of a Charcot magnet, and then of a wooden model of the latter.

Dr. H. Knapp reports two cases of neuro-retinitis, with almost sudden loss of sight in both eyes. The first case was a man of forty, in perfect health and with all the organs in a sound condition apparently. There was partial suppression of urine for five or six days, but the small quantity of urine drawn off with the catheter contained neither sugar, nor albumen, nor casts. After two months of vigorous and varied treatment the patient remained blind in both eyes, with the exception of a small islet in R. E. The ophthalmoscopic appearances were those of optic neuritis followed by those of optic atrophy. The second case was a girl of eleven years and six months. There were no symptoms of disease and nothing abnormal could be discovered in any of the organs. Profuse diaphoresis was produced by means of sodium salicylate on the first few days of illness, and calomel in small doses was administered for about ten days, the patient being confined to bed. At the end of a month and ten days vision was perfect. The ophthalmoscopic picture was that of optic neuritis. When last seen the optic discs had a distinctly atrophic look.

Dr. W. F. Norris places on the record the history of another family (others recorded in *these transactions* for 1881), of twenty-two members of whom fourteen were males and five females, were affected with optic atrophy. The disease in certain instances skipped one generation, reappeaning in the second; *i.e.* displayed the phenomenon

of atavism

Dr. Jos. A. Andrews read a brief, practical paper on Jequirity Ophthalmia. From the paper and the discussion which followed it seems to be decided, that jequirity is a dangerous remedy if not carefully handled; that individuals vary much in susceptibility; and that it is safest to use a fresh 2 per cent. solution, *painting* it *once* on the palpebral conjunctiva, and then waiting for twenty-tour or thirty hours before renewing the application. In this way we get some idea of what the effect of the remedy is likely to be in each case.

Dr. C. J. Kipp, reported a case of distension of the

frontal sinus which was cured by emptying the cyst, situated above the inner canthus, by firm pressure, through the nose, and by applying silver nitrate and detergent washes to the diseased nasal mucous membrane. Whenever the cyst became distended it was emptied through the nose into the mouth by the patient's making strong compression upon it. After a time it ceased to refill, and patient became ap-

parently well.

Dr. Jos. Aub, reported four cases of removal of foreign bodies from the vitreous, by Bradfords' electro-magnet. In three cases the operation was perfectly successful, and one year afterwards vision remained almost normal (20 xxx In all of these cases the media were clear and the body could be seen with the ophthalmoscope in the vitreous chamber. In the fourth case, the media were opaque, the body could not be seen and the eye had to be enucleated. In one of the successful cases, sympathetic irritation was present at the time of the operation, and was relieved by the removal of the foreign body. During the discussion, Dr. Knapp said that considering all things, he thought it best to remove eyes containing foreign bodies at once. "More eyes," said he, "containing foreign bodies are destroyed by surgical interference and temporizing treatment than would be, if we took them all out at once. One case of sympathetic ophthalmia weighs heavier, is a greater misfortune to humanity than ten cases in which one eve was removed, but the other preserved intact." H. D. B.

Diseases of the Heart and Thoracic Aorta. By Byrom Bramwell, M. D., F. R. C. P. E. Lectures on the Principles and Practice of Medicine, and on Practical Medicine and Medical Diagnosis in the Extra Academical School of Medicine, Edinburgh; Pathologist to the Edinburgh Royal Infirmary, etc., etc.; with 317 illustrations. 8 vo. 783 pp. D. Appleton & Co., Bond St., New York: 1884. [Armand Hawkins, New Orleans. Price \$8 00.]

This is the most exhaustive as well as most valuable work on diseases of the heart and larger thoracic blood vessels that has come to our notice. The first chapter is devoted to the anatomy and physiology of the heart, including a minute description of the most scientific and reasonable views of the heart's blood supply, its automatic mechanism and its nervous supply, both sympathetic and cerebro-spinal. The second chapter contains the general pathology of the organ; and the third the clinical study of heart diseases, including case-taking, physical diagnosis as applied to the heart, the larger as well as peripheral blood vessels, and the use of the sphygmograph. The remainder of the book is given up to specific diseases, which are treated with remarkable fidelity and detail. The text ends with an

exhaustive appendix on the use of the cardiograph.

There are few works more liberally or more successfully illustrated with engravings, microscopical lithographs and diagrams than is the one in hand. Besides their great number — 317 — the illustrations possess an accuracy and truth to nature rarely seen in works that are not entirely works of art. They are worth the whole price of the book, and lend to the text a reality and vividness, which is captivating. No one can fail to be pleased with the book and it will be especially valuable to teachers.

We could wish that the author had interpolated a few more full histories of the many cases which he has

observed.

The book is nicely bound in cloth and is printed in large clear type on paper which lacks that glaze and dazzling whiteness so often tiresome to the eye. J. H. B.

A Practical Treatise on the Diseases of the Ear. By D. B. St. John Roosa, M. D., LL. D. Sixth Edition; Revised and Enlarged. New York: William Wood & Co. New Orleans: Armand Hawkins. Price \$5 50.

We have been somewhat embarrassed in the criticism of this book by a two-fold consideration: First, that it seems to be most pedantic to criticise, or rather recommend at too great length a work that long ago ran the gauntlet of medical criticism and became deservedly famous in Europe as well as America, as the issue of this sixth edition attests. Second, that it would never do to pass such a book by with an insufficient or trivial notice. Having come to the comfortable conclusion that we were engaged in a task where nothing but the attainment of the happy medium would be tolerable, we straightway fell into a state of trepidation, from which indeed, we have not yet recovered.

Dr. Roosa's book has that prime quality of books and

persons — rare in all books, positively astounding when met with in a medical text-book—it is interesting: yes, interesting. The author has discovered the art of so blending the fruits of his learning, the teaching of his own experience, and the narration of cases, that one reads on with no sense of fatigue, but with an ever increasing sense of pleasure.

The style is conversational without flippancy, scholarly without pedantry. The cases narrated — and we think that a medical work gains much by the narration of cases — are always to the point. The descriptions of disease are graphic, and the plans of treatment simple, conservative, and effective. Founded too, on principles of sound common sense free from any taint of novelty and ism loving.

The chapters on the inflammation of the middle ear are peculiarly excellent. We think Dr. Roosa's opinion that all purulent inflammations of the tympanum are due to some antecedent acute catarrhal inflammation the one dictated by sound pathological knowledge. Although this book has doubtless been the friend of many of our teachers during the whole eleven years of its life time, it makes its reappearance so thoroughly revised, with all of its chapters so carefully attuned to the latest knowledge, that a copy of the new edition is now as indispensable as the copy of the old has been.

H. D. B.

A System of Practical Medicine by American Authors. Edited by William Pepper, M. D., LL. D., Professor of Theory and Practice of Medicine in the University of Pennsylvania, assisted by Louis Starr, M. D., Clinical Professor of Diseases of Children in the Hospital of the University of Pennsylvania. Vol. I, Pathology and General Diseases, pp. 1094, including index. Philadelphia: Lea Brothers & Co., 1885. New Orleans: Armand Hawkins.

In the preparation of this admirable system of medicine, the selection of authors was restricted to those of the United States and Canada, "because it was felt that the proper time had arrived for the presentation of the whole field of medicine as it is actually taught and practised by its best representatives in America."

This volume gives about two hundred pages to the discussion of General Pathology and Sanitary Science, the remainder of the book being devoted to the consideration of General Diseases. Under General Pathology, General Morbid Processes are dicussed by Reginald H. Fitz, of Harvard University, and General Etiology, Medical Diag-

nosis and Prognosis, by Henry Hartshorne, M. D.

Dr. Billings, a happy selection, handles the subject of Hygiene, and Mr. Geo. E. Waring, that of Drainage and Sewerage in their Hygienic Relations Under General Diseases, the subjects have been very appropriately assigned and ably treated. New Orleans has come in for a fair share of the honor of preparing such a valuable volume. Malarial Fever and Yellow Fever are systematically, but tersely treated by Prof. Samuel M. Bemiss, and Dengue, by Dr. II. D. Schmidt, Pathologist of the Charity Hospital.

Throughout the volume the articles have been handled by men selected by reason of special familiarity with the subjects treated. In every respect the work merits being

placed alongside of Reynold's system of medicine.

For American physicians this will be preferred as being a system of American medicine. The work should find a place in the library of every physician who desires to keep pace with the rapid progress of medicine.

F. W. P

The Science and Art of Surgery: A Treatise on Surgical Injuries, Diseases and Operations. By John Eric Erichsen, F.R.S., LL.D.F.R.C.S., etc. Eighth Edition, Revised and Edited by Marcus Beck, M. S. and M. B. Lond, F. R. C. S., Vol. II, pp. 1205. Philadelphia: Lea Brothers & Co., 1885. New Orleans: Armand Hawkins. Price in sheep, \$5.50.

This, the second volume, completes the eighth edition of this great work by one of the foremost surgeons of the age. An appendix is added to this volume on corrosive sublimate as antiseptic and the view is expressed that "mercuric chloride has been proved to be a most powerful and efficient antiseptic, and to be capable of being safely used in the treatment of wounds: "but since, like all other really potent antiseptics, it is locally irritating and generally poisonous," "caution is necessary in the preparation of the solution and dressings and in their use." We can but endorse for the completed work what we said for the first volume and heartily commend it to the attention of students and practitioners of medicine. We have always thought the style of Erichsen a little heavy, but no one can truthfully

assert that the expression of the author's meaning is not thoroughly straightforward and free from all ambiguity.

F. W. P.

A Manual of Organic Materia Medica; being a guide to Materia Medica of the Vegetable and Animal Kingdoms, for the use of Students, Druggists, Pharmacists and Physicians. By John Maisch, Phar. D., of the Philadelphia College of Pharmacy Second Edition, pp. 491, Philadelphia: Lea Brothers & Co., 1885. New Orleans: Armand Hawkins. Price, \$2.00.

The medical properties and doses of the various drugs are briefly stated, but the work is designed purely as one of Materia Medica. The development of organs, of plants and of the histological changes incident to their growth, and the botanical relations of the different natural orders and species, are considered foreign to the scope of the work and are not discussed. The classification adopted looks to the grouping together of "drugs which resemble one another in physical and structural properties." The book is divided into three parts ;-Part I, Animal Drugs ; Part II, Cellular Vegetable Drugs; Part III, Drugs without Cellular Structure. The discussion of each drug is brief and the work might be considered a condensation for purposes of preparation for an examination in Materia Medica rather than a work designed for the thorough instruction of those desiring a comprehensive and accurate knowledge of the subject. It will, however, no doubt, prove a useful work for rapid reference and may be of assistance to students of F. W. P. Materia Medica.

The Principles and Practice of Gynæcology, by Thomas Addis Emmet, M. D., LLD. Third edition. Thoroughly revised. Philadelphia: Henry C. Lea's Son & Co. 1884. Price, \$6.00. New Orleans: Armand Hawkins

The author in giving us a third edition has almost given us a new book. So much so in fact, that any one wishing to acquaint himself with the views of Dr. Emmet would certainly have to read the last edition. As foreshadowed by his recent writings on the perineum, we have a radical change in this portion of the book. He has gone so far

as to change the name for the operation of perineorrhaphy to "restoration of the posterior wall of the vagina." We can say that we have performed this operation of Dr. Emmet, and obtained excellent results with it, and the tear is certainly less liable to be reproduced by a subsequent labor. He also gives us his operation for making an artificial urethro-vaginal fistula. It is a book that no one taking an interest in the diseases of women can afford to be without, for its author is the originator of the most succesful operations in gynæcology, and besides whatever he writes, whether one agrees with his conclusions or not, seems to be the outcome of long and conscientious work in the dissecting room, at the bedside and at the operating table.

G. B. L.

A Compend of Organic and Medical Chemistry, including Urinary Analysis and the Examination of Water and Food. By Henry Leffmann, M. D., D. D. S. Philadelphia: P. Blakiston, Son & Co. Pp. 124

This little volume is intended especially for students. It may be asked whether the entry of such works upon the field of a student's life be judicious, and if they do not tend to drive out more complete and exhaustive treatises. These smaller works certainly cannot present a subject in as full a light as a larger and more comprehensive work; but, where the larger works are practically sealed books to the hard-pressed student, these small compends can present enough of the subject to him to make its principles understood, and to instruct him in all that the physician carries with him in busy after years. To one who has laboriously waded through the details of organic chemistry, this compend may serve to polish up a number of subjects that become rusty from disuse; but, as a work destined to impart a thorough knowledge of organic chemistry, it can hardly be recommended. It will, no doubt, prove useful to the student who wishes to prepare for an examination. section devoted to the analysis of urine is of special practical value. The work should not replace standard textbooks; it is not intended to do so; but, as far as its scope will allow, we may predict a warm reception for a small compend in which a difficult subject is so clearly and concisely presented. A. McS.

The Elements of Physiological and Pathological Chemistry. A Handbook for Medical Students and Practitioners, Containing a General Account of Nutrition, Foods and Digestion, and the Chemistry of the Tissues, Organs, Secretions and Excretions of the Body in Health and Disease, together with the Methods for Preparing or Separating their Chief Constituents, as also for their Examination in Detail, and an Outline Syllabus of a Practical Course of Instruction for Students. By T. Cranston Charles, M. D. Henry C. Lea's Son & Co., Philadelphia. New Orleans: Armand Hawkins.

This is, we believe, the first complete work of the kind in the English language at least, and may well serve as a landmark to show what progress is being made in medicine. The author commences by giving a list of the reagents and apparatus with which the student should provide himself. This will have the effect convincing most of the students and practitioners who read this list that the book was not written for them. However, if he is satisfied with reading the book and using it for reference, he could not spend his time more profitably, and will find condensed in one volume such a store of knowledge as would formerly have cost him much reading to gather. The simpler and most essential analyses of the excreta he will find tabulated and These, of course, in some instances much simplified. every one must learn to make for himself, but the preparation, for instance lecithin from the gray substance or protagon, from the white substance of the brain, we think not necessary to a practicioner, though he should be acquainted with the fact that they can be extracted from these sources. Thus the book will fully repay any one to read, and as it would be almost impossible to retain all the information contained in it, every library should have it for reference.

G. B. L.

Consumption, its Nature, Causes, Prevention and Cure. By J. M. W. Kitchen, M. D. Price \$1 50. G. P. Putnam & Sons. New York: 27 and 29 West 23d Street.

The author in attempting to make this an entirely practical little hand book has passed by in silence all the late learned discussions as to the etiology of consumption, and

merely mentioning the bacillus tuberculosis as very probably an exciting cause, gives as the true causes those defects or abuses of nutrition which render the human race vulnerable to this bacillus. Thus he gives you the key to the prevention and cure of this dreaded disease. This has been and will be for a long time to come, the only common sense treatment, antiseptics having proved so far of doubtful expediency. We think few will be found who, after reading, will not derive much benefit, particularly in the practical management of his cases.

G. B. L.

Elements of Practical Medicine. By Alfred H. Carter, M. D. Lond.; Member of the Royal College of Physicians, London; Physician to the Queen's Hospital, Birmingham; etc. etc. Third Edition. D. Appleton & Co., Bond st, 5 N. Y., 1885. N. O., A. Hawkins.

This little work is to be accepted, the author expressly states, only as a "simple introduction to the study of medicine." As such, it certainly attains its end, and the author should be congratulated therefor. Every disease of any consequence whatsoever, is described under its proper classification and in a clear and succinct manner. For the purposes, therefore, of a rapid review, such as an advanced student often requires, the book is of much value.

It is questionable, however, how far such a work should be depended upon as a text-book, or for general reading or reference. It is, for instance, impracticable in a book of this nature to do more in describing an eruptive fever than to note the leading symptoms of a typical case, therefore, he who applies to these pages for aid in an *irregular* case, or he who in the first instance was not prepared for an irregular case will at once discover wherein the volume fails.

With the exception item of this confessed want of detail and the little space given to morbid anotomy and pathology, the book is to be highly recommended.

J. H. B.

The Diagnosis and Treatment of Chronic Nasal Catarrh.
Three Clinical Lectures delivered at the College of
Physicians and Surgeons, New York: By George
Morewood Lefferts, A. M., M. D., Lambert & Co.
St. Louis: Price, \$1.00. N. O., A. Hawkins.

Chronic nasal catarrh is certainly one of the most trouble-

some diseases to treat, and any light that is shed upon its treatment is most gratefully received. The author divides chronic rhinitis, clinically, into three forms: 1, Simple, uncomplicated chronic rhinitis; 2, Hypertrophic rhinitis; 3, Atrophic or fetid rhinitis. He warns you to be sure, that you know where your patient stands in the pathological scale, for on the correct diagnosis depend the success of the treatment.

The author also warns against the abuse of the "douche." His treatment include both local and constitutional, though great stress is laid upon the necessity of local treatment. Being clinical lectures, the remedies mentioned are limited to those which have proved most valuable in the author's hands. No one can read this little book without feeling afterwards more confidence in undertaking to treat this malady.

G. B. L.

The Social History of the Eighth International Medical Congress. By D. Bryson Delavan, M. D. New York: D. Appleton & Co., 1885.

This little work gives what is usually the unwritten history of great assemblages. The members of the Congress met with a right royal welcome, and were entertained in a manner worthy at once of the generous monarch of a hospitable people, and a learned and honored profession. Nothing was left undone to make the strangers feel at home; and as the next Congress will be held in Washington, it behooves us to show that Americans can appreciate the liberal hospitality extended to all the members of the Congress.

A. Mc. S.

A Pharmacopæia for the Treatment of Diseases of the Larynx, Pharynx and Nasal Passages, with remarks on the selection of Remedies and choice of Instruments and on the Methods of making Local Applications. By George Morewood Lefferts, A. M., M. D. G. P. Putnam's Sons, New York. Price, \$1.00. Second Edition, revised and enlarged. N. O., A. Hawkins.

The author gives a very full list of drugs for local application, which is far more valuable than a mere compilation would be, for he tells us he has put nothing in this book whose beneficial effects have not been confirmed by extensive trial. All the most convenient instruments for applying these medicaments, are also fully described. This is a very desirable book.

G. B. L.

Books and Pamphlets Received.

Cocaine and its use in Opthalmia and General Surgery. By H. Knapp. New York: G. P. Putnam's Sons. The Kinckerbocker Press. 1885. New Orleans: Eyrich's book store, 130 Canal street.

The Analectic: A Monthly Periscopic Summary of the Progress of Medical Science. Edited by Walter S. Wells, M. D. Vol. 1. New York: G. P. Putnam's Sons. 1884.

Comparative Physiology and Psychology. By S. O. Clevenger, M. D. Chicago: Jansen, McClurg and Company. 1885.

Health Department of the City of New York; Sanitary Bureau, Seventh Division. Vital Statistics. A report.

Report for the Year 1883-4. Presented by the Board of Managers of the Observatory to the President and Fellows of Yale College.

The Insane Population of the United States. By W. E. Sylvester, M. D. [Reprint from the Alienist and Neurologist.]

Report of Committee on School Hygiene in Tennessee. By David F. Wright, M. D., of Clarkesville, Tennessee. Member of State Board of Health.

Address in Medicine, Delivered before the Medical Society of the State of Pennsylvania. By W. H. Daly, M. D., Pittsburgh. At its annual meeting held in Philadelphia, May, 1884.

Medical Jurisprudence in Divorce. By Carl H. Von Klein, A. M., M. D., Dayton, Ohio.

Extensive Burn involving the Cavity of the Knee Foint. Read in the Section of Surgery at the annual meeting of the British Medical Association. By W. H. Daly, M. D., Pittsburgh, Penna.

Sixth Annual Report of the Board of Health of the Taxing District of Shelby Co. (City of Memphis) for the Year 1884. By G. B. Thornton, M. D., President.

Typhoid Fever and Low Water in Wells. By Henry B. Baker, M. D., Lansing, Mich. 1885.

Transaction of the American Surgical Association. Vol. 2. Edited by J. Ewing Mears, M. D., Recorder of the Association, Philadelphia. Printed for the Association, and for sale by P. Blakiston, Son & Co. 1885.

Supplement to the Transactions of the Sci-i-Kwai, or Society for the Advancement of Medical Science in Fapan. Transactions, Nos. 36 and 37. Supplements, No. 1 and 2. Tokio, January, 1885.

The Year Book of Treatments. For 1884. A Critical Review for Practitioners of Medicine and Surgery. Philadelphia: Lea Brothers & Co. 1885. New Orleans: Armand Hawkins, 196½ Canal street.

Proceedings of Societies.

ANNUAL CONVENTION OF THE DELEGATES TO THE SANITARY COUNCIL OF THE MISSISSIPPI VALLEY, HELD IN THE OFFICE OF THE BOARD OF HEALTH, NEW ORLEANS, MARCH 10 AND 11, 1885.

Dr. Holt, the President of the Louisiana State Board, called the Convention to order, and welcomed the delegates to New Orleans, after which he went on to show the benefits derived from such meetings—it made the sanitarians better acquainted, and as acquaintance became closer confidence grew up. "Louisiana," he said, "holds the keys of the gateway of the Mississippi Valley; she can no longer bolt those doors with an antiquated quarantine detention, when it is optional through a scientific sanitation to fling open the entry of this inland sea. The interior States have a right in every question touching the navigation of the Mississippi; but it is not proper that Louisiana should bear the brunt of expenditure in fending pestilence from the Valley; it is only fair that all concerned should contribute. It follows, therefore, that we have a right to call upon the National Government to appropriate money to be used in warring against yellow fever and cholera."

After this Dr. Holt called Col. D. P. Hadden, President of the Council, to the chair, and that gentleman responded

in eloquent terms.

The roll being called the following delegates answered to their names: Pinckney Thompson, Henderson, Ky., President State Board of Health; G. C. Ashman, M. D., health officer, Cleveland, O.; R. C. Keazie, M. D., Lansing, Mich.; Henry F. Lister, M. D., Detroit, Michigan State Board of Health; W. A. Haskell, M. D., Alton, Ill.: R. Martin, M. D., Commissioner of Health, Milwaukee, Wis,; Wm. R. McKenzie, M. D., Chester, Ill.; D. F. Wright, M. D., Clarksville, Tenn.; H. P. Brisbane, M. D., Vicksburg, Miss., health officer: Junius M. Hall, medical inspector, Chicago: D. K. Hoyt, LaCrosse, Wis., member State Board of Health: S D. Wilson, M. D., Wheeling, W. Va.: L. C. Carr, professor of midwifery, etc., Cincinnati: C. W. Rowland, health officer, Cincinnati; Edward Orton, State geologist, President Ohio Saniitary Association, Columbus, O.: James E. Cowan, health commissioner, Galesburg, Ia.: B. T. Buckley, M. D., Freeport, Ill.; Edward Fenner, President New Orleans Sanitary Association; A. C. Rhodes, medical inspector United States navy; D. P. Hadden, Memphis, Tenn.: John H. Rauch, M. D., secretary Illinois State Board of Health; D. W. Hand, St. Paul; Ralph E. Starkweather, M. D., Chicago; E. W. S. Robertson, M. D., President Iowa State Board of Health; D. C. Holliday, M. D., New Orleans; Joseph A. Shakspeare, Albert Voorhies, Dr. Joseph Holt, Louisiana State Board of Health; Dr. Watkins, New Orleans Auxiliary Sanitary Association; Dr. Devron and Thomas H. Ryan, members City Council; Dr. Chaille, National Board of Health.

A committee, composed of Drs. Kedzie, Holt, Robertson, Rauch, Chaille and the President, was appointed to formulate a system of co-operation of the States represented to prevent introduction of yellow fever and cholera in the Mississippi Valley, and also a plan should either of

these once gain admission to the Valley.

In its report, handed in the second day, the committee condemned the old method of indiscriminate quarantine, and dwelt upon the necessity of health officers receiving early and full information of the existence of epidemic diseases in foreign ports in commercial relation with this country; this can be obtained from consuls or consular agents. The exclusion of all unmistakably infected vessels from the mouth of the Mississippi, or should such vessels enter the river, their detention and absolute isolation until all danger of the spread of the disease has been entirely removed, is vital to the safety of the South, West and North-

The epidemic fund should be placed in the hands of the National Board of Health, to be used in aid of State and local boards in preventing introduction of cholera and yellow fever; not less than \$50,000 of this to be placed at the disposal of the Board of Health of Louisiana.

To establish full confidence among the different organizations of this council, each and every one pledges itself to furnish to each other all information in regard to the appearance of cholera and yellow fever, or suspicious cases

thereof.

The following group of symptoms are accepted as indi-

cating vellow fever:

Group 1.—A person after a sudden attack has fever of one paroxysm, attended with marked congestion or blood stasis of capillaries of surface, conjunctivæ and gums, with

a history of probable exposure to infection, and no history

of a previous attack of yellow fever.

Group 2.—A person after a sudden attack has a fever of one paroxysm, followed by unusual prostration, albuminous urine, yellowness of conjunctivæ or skin, and having no positively authenticated history of previous attack of yellow fever.

Group 3.—A person has a fever of one paroxysm, albuminous urine, black vomit, suppression of urine, general hemorrhagic tendency under circumstances where the exposure to infection is a possibility.

The following symptoms associated with a fever of one paroxysm in a patient who has apparently been exposed to infection, and who has never had yellow fever, indicate a

suspicious case:

1. Suddenness of attack either with violent pain in the head and back, injected eyes and face, or with marked congestion of the superficial capillaries.

2. Want of that correlation between pulse and tempera-

ture usual to other forms of fever.

3. Albumious urine.

4. Black vomit.

5. General hemorrhagic tendency.

6. Yellowness of the skin.

The following cases shall also be deemed suspicious:

- 7. Any case respecting which reputable and experienced physicians disagree as to whether the disease is or is not yellow fever.
- 8. Any case respecting which efforts are made to conceal its existence, full history and true nature.

The following conditions shall be held to justify a suspi-

cion of cholera:

- 1. Any case of disease resembling cholera and attended with "rice water evacuations" shall be reported and treated either as cholera or as a suspicious case.
- 2. Any case respecting which reputable and experienced physicians may disagree as to whether the disease is true Asiatic cholera or not, shall be reported and treated as suspicious.
- 3. Any case rumored to be cholera, and respecting which efforts are made to conceal its existence, full history and true nature, shall be reported and treated as suspicious.
 - 4. Any notable and exceptional increase in the number

of cases of, and of deaths by such bowel disorders, as cholera morbus and diarrhæa, shall be promptly reported.

In case of an epidemic a number of propositions were suggested for the sanitary inspection of steamboats carrying passengers and freight from the Gulf ports to the interior, and for the sanitary supervision of railroads.

The Council accepted the committee's report, and elected the following officers for the ensuing year: Dr. Pinckney Thompson, President; Dr. J. Holt, Vice-President; Dr. Rauch (re-elected), Secretary; and Dr. W. H. Watkins, Assistant Secretary.

The convention then adjourned sine die.

ABSTRACTS EXTRACTS AND ANNOTATIONS.

PARTHENIN-A NEW REMEDY.

Dr. José Ramirez Tovar gives in La Cronica Medico Quirurgica, of Havana, the results of his experiments with parthenia, an alkaloid derived from Parthenium Historophorus. One of the first cases was a strong and vigorous lady of 34 years, who suffered from an insupportable facial neuralgia, which became worse at a certain hour every day. One gramme of parthenin was ordered, divided into ten papers, one to be taken every hour. She began to feel relief after taking three of the papers, and the next day passed without experiencing the usual exacerbation. Small doses were recommended afterwards to sustain the action of the first doses. She disregarded the advice, and as a result, she returned on the fifth day again complaining of the neuralgia, but this time not so severe as before. A few more doses of the parthenin cured the affliction, for she had no attack during the succeeding five months. Two cases of intermittent fever were also successfully treated with parthenin. A little child who had suffered for seventeen days irregularly from fever, drowsiness and anorexia, and who had derived no benefit from quinia, showed marked improvement in 24 hours after using parthenin, and in three days the temperature was normal. The results in all of Dr. Tovar's cases have been so striking that he feels confident that parthenin, if it come into general use, will not disappoint the hopes that have been built upon it.

ANTIDOTE TO IODOFORM.

According to the Revista Clinica, Dr. Behring claims that bicarbonate of soda is an antidote to iodoform. As this substance is eliminated by the urine under the form of an ioduretted salt, Dr. Behring believes that it takes from the blood the alkalies with which it combines.—Cronica Medico Quirurgica de la Havana.

PROGNOSIS OF SYPHILIS FROM THE CHARACTERS OF THE INITIAL LESION.

M. Besnier, according to the Journal de Medicine et Chirurgic Pratiques, has just published certain prognostic signs of syphilis which may be derived from a study of the characters of the chancre. If the chancre be small, benign in its manifestations and accompanied by a moderate involvement of the glands, a mild syphilis may be predicted, it shows that the disease has met an unfavorable soil in the subject. But if on the contrary, the chancre thrives well, last a long time and be accompanied by marked glandular disease, and if above all, the chancre be phagedenic, the prognosis is very grave, because these various manifestations make it probable that the soil is favorable to the development of the disease.—Cronica Medico Quirurgica.

THALIN THE NEW ANTIPYRETIC.

Dr. Henri Huchard reports, in the *Union Medicale*, his experiments with this new antipyretic, derived from quinoline, and which appears to have an action similar to that of antipyrine. The latter is certainly to be preferred, because it has stood the test of experiment, and, what is important, its price is low, and will probably be still lower.

Dr. von Jacksch, of Vienna, who has praised this drug has, in nearly a hundred cases of fever due to different diseases (intermittent fever, typhoid fever, rheumatism, measles, erysipelas, puerperal fever, pneumonia, tuberculosis, etc.), reduced the temperature to normal without any accident. In intermittent fever, the paroxysm can be warded off by giving thalin two or three hours in advance of the expected time of its onset; even when given after the commencement of the attack, the drug has diminished the intensity and duration of the paroxysm. Thalin, however, does not cure the intermittent fever; the paroxysms return, and, in the end, quinia will have to be used; a fact which proves that, although thalin may be a powerful

antipyretic, it is not an antiperiodic. The same has been

remarked of antipyrine.

Experience shows that the salts of thalin possess an actual antipyretic action, when employed in doses of from 4 to 7 grains: the fall of temperature is often followed by copious perspiration. The temperature lowers in two or three hours; the secondary rise of temperature takes place in four or five hours, and is often accompanied with chills. The administration of thalin does not cause the appearance of sugar, albumen, or biliary coloring matter in the urine. It produces, as secondary effects, only sweats and some chills, but its administration is never followed by vomiting, cyanosis or collapse, as is observed after kairine.

Thalin is endowed with valuable properties; but it has certain inconveniences not found in antipyrine. The latter appears to succeed admirably in the tuberculous, in whom it suppresses the fever, without leaving any disagreeable after effect.—Journal de Medecine et de Chirurgie.

COCAINE has been used in vaginismus by Dr. Théophile Auger and Dujardin-Beaumetz, with most gratifying results. M. Cazin (of Berck) had equally good success in a case of that sort; here, also, conception took place shortly after the disappearance of the malady. It has been used with success in calming the pains, especially in primiparæ, attending the expansion of the os. solution of 4 pr. ct. was used, or an ointment of the same strength. Painting the cervix with the solution calmed the pains in one or two minutes; the woman had before uttered cries of pain continually, but afterwards she complained of only a little pain in the lower part of her abdomen. This result has been uniform in all the cases. Forty or fifty drops of the solution are used. There is absolutely no danger; the labor pursues its ordinary course.—Fournal de Medecine et de Chirurgie.

THE THERAPEUTIC VALUE OF MILK.

In L'Union Medicale du Canada, Dr. H. E. Desrosiers has a very interesting lecture on the above subject. Milk may be used constitutionally and locally. Internally, it is, first of all, a very valuable restorative. It is an article of diet that can be borne when everything else is rejected; and in general the patients like it. It may be used in all

diseases characterized by anæmia, debility and asthenia. Among the diseases in which it is most commonly used may be mentioned: Idiopathic anæmia, chlorosis, convalescence from debilitating disesses, inflammatory and febrile affections, in cachexias, etc. M. Dujardin-Beau-

metz insists upon a milk diet in tuberculosis.

In the above diseases, a milk diet need not always be prescribed to the exclusion of other food. Milk is expressly indicated in the treatment of certain special diseases, such as irritative dyspepsia, gastric catarrh, gastric ulcer, cancer of the stomach, chronic intestinal indigestion, chronic diarrhoa, especially in children; in acute and chronic nephritis, diabetes mellitus, cystitis, (especially chronic), gout, aneurism, and organic disease of the heart. In regard to the last, milk is used with most benefit in the period of non-compensation (the adynamic period of Peter). Milk has no appreciable effect in affections with compensatory hypertrophy. The intravenous injection of milk has been proposed in profound anæmia, following hæmorrhage, etc.; this treatment has met with a certain degree of success in the hands of most observers

Locally warm milk is a good gargle in acute pharyngitis and tonsillitis. It has also been recommended in diphtheria.

Sometimes skim-milk is preferred by the patients; and it even seems to be better than pure milk in interstitial nephritis. Skim-milk seems easier to digest in gastrointestinal disorders. It has been employed with success to reduce obesity. Tyson says that it is better than any other article of diet in glycosuria.

Buttermilk, too, has its adherents: and it seems preferable to pure milk in the treatment of the gastro-intes-

tinal disturbances above mentioned.

DISCUSSION IN THE MEDICAL SOCIETY OF BERLIN UPON "THE-HEART-REGULATING CENTRE IN THE CEREBRUM." (Deutsche Medizinal-Zeitung.)

Drs. E. Aronshon and J. Sachs have performed a series of experiments in animals, in order to locate the heatregulating centre in the cerebrum. By puncturing the cerebrum at a point corresponding to the union of the sagittal and coronal sutures, they produced all the series of phenomena which have been considered febrile. The respiration was accelerated, the temperature rose, reaching 40. 7 C. (104 1/4 Fah.) in the rectum on the morning of the third day, and going down to the normal only at midday. These phenomena presented themselves in rabbits in a series of experiments whenever a puncture was made at the point mentioned, the temperature rising to 40° C. (104) Fah.) and more. The state of the animals during the experiment offered nothing pathological to the naked eye, and the hæmorrhage was trifling; the measurements of temperature indicate how it rose and fell in the skin and muscles. During the trephining, only agitation was noticed. After the puncture, respiration was accelerated; the pyrexia developed, and the animal continued to live without presenting any other symptom. In the small rabbits of India and dogs, similar phenomena were observed.

In two of the dogs operated upon, the puncture had been made to the right of the anterior fontanelle. In one of them, the temperature rose in four hours to 40 8 C. (105 ½ Fah.); the other had, in three hours, a temperature of 41 1 C. (106 Fah.) After the operation they were let alone, and they showed no change in character.

The operative procedure was witnessed by Eulenberg, who has been able to assure himself that the increased

temperature was not due to it.

From the experiments made, the cerebral cortex may be excluded as the heat-regulating centre, since neither its excision nor its cauterization produced the phenomena above described. The investigators cannot locate the ganglia of this centre. It was chiefly their object to ascertain with certainty the physiological fact of the existence of the heat-regulating centre in the cerebrum of

other species of animals.

Herr Eulenberg was convinced, from the experiments of Aronsohu and Sachs, that these gentlemen have succeeded in localizing a circumscribed spot, injury of which is capable of producing elevation of temperature, and also considerable acceleration of the pulse and respiration: but he confesses that, although the investigators claim to have found what has long been sought for a heat-regulating centre in the cerebrum, he cannot see, with sufficient security, either the centre or the cerebrum. When we use the term "centre" in its broadest sense, the existence of ganglionic bodies in the part is implied; the facts cited do not of themselves justify the supposition of a centre, since

they might also arise if the fibres leading from the centre be injured. In the cerebrum, the stimulation of a spot may often produce stimulating effects in regions widely separated; thus, irritation of the cortex cerebri causes convulsions by involving the sub-cortical motor centres.

We cannot positively consider that the heat-regulating centre has been irritated, nor can we be sure that it is located in the cerebrum; a priori, the facts presented would lead us to believe rather in an inhibitory heat centre,

situated in the pons varolii.

Eulenberg mentions a work of Ott, who arrived at similar results, although by another road; for, making anteroposterior sections of the brain, he inferred that, in the neighborhood of the corpora striata, certain centres exist which are in relation with the normal temperature of the

body.

With regard to the thermic districts of the cortex cerebri discovered by Landois and himself, he presented the results of studies made on dogs eight years ago. He observed there sometimes an enormous difference of temperature between the extremities of the two sides, which was observable even before the animals recovered from the narcosis; the increase of temperature was, on the average, from 5° to 7°, and at times 13° or 14°, and lasted in some dogs several weeks and even three months; in others, the equilibrium was restored on the second or third day. These phenomena must be referred to vaso-motor influences, and the resulting differences of blood-supply in the extremities. A proof of this has recently been given by Reineke in a work written under the direction of Landois, who has shown that the resistance to pressure in the femoral artery is diminished on the side having the higher temperature; and moreover, that the pulse curves of the femoral arteries present considerable differences.

A new question presents itself: Where do these vasomotor paths lie? Eulenberg believes that they pass through the internal capsule and the crura, in the same manner as the cortico-muscular tracts. Landois accepts as very probable, in view of recent experiments, that the fibres follow this course. Finally, in Wood's work on fever, it is shown that after bilateral destruction of the cortical thermic district, a considerable increase in the production of heat takes place. But, in the face of these experiments, it must be supposed that the results are not direct, but rather indirect, which arise from exciting

or inhibitory impulses upon more distant central parts, and respectively upon the inhibitory thermic centre in the

pons.

Herr Zuntz has had many opportunities, in the past few weeks, of expressing himself upon the present question, conversing with the investigators in their laboratory: and he can say that the gentlemen do not claim to have found the centre which presides over the increase of temperature; but they do claim to have shown that after a lesion of the point indicated the temperature always rose, and that at this point or further along there exists a centre which

possesses an influence upon the temperature.

It cannot be doubted that this centre is different from that of Eulenberg. The changes in temperature produced by the puncture evidently depend upon vaso-motor disturbances, resulting from an irritation of the cortex cerebri, which causes a dilataton of the vessels, and consequently an increase of temperature in the extremity on the side opposite to the irritation. In the case of Aronsohn, the increase of temperature was general, showing itself in the skin, muscles, liver, etc. Only this could be ascertained: Either the loss of heat was less, or its production was increased. In fever, both of these causes operate. It appears that in Aronsohn's experiment the same holds true; at least the process of oxidation similar to those of fever would justify that assumption.

Further investigation is needed in order to definitely decide upon this point. The speaker also said that the investigators were convinced that the effect of simple puncture is capable of many other interpretations, and that they were engaged in endeavoring to ascertain if the phenomena were due to irritation or paralysis; if the puncture produces a lasting irritation or if it merely tem-

porarily paralyzes the tracts.

Herr Aronsohn repeats that, in using the term heat-regulating centre, he does not believe that he has precisely located it in a ganglion, but he only wished to indicate that there exists in the cerebrum a point near the corpus striatum, which gives rise to an elevation of temperature. Up to the present time experiments have not been carried to that depth, above all, beyond the pons and in the cerebrum.—Revista de Ciencias Medicas, Barcelona.

INTUBATION OF THE LARYNX.

In the *Medical Record* of February 21st, 1885, Dr. E. F. Brush described a procedure adopted by Dr. O'Dwyer at the New York Foundling Hospital, instead of tracheoto-

my for the relief of laryngeal dyspnæa.

The case was that of a child, three and a half years old, with pneumonia and commencing croup, following in an attack of measles. The doctor had seen the child several times, and dyspnæa had become excessive. He was told Dr. O. Dwyer was going to operate, so requested to be allowed to remain.

The boy was placed in the nurse's lap, an assistant held the head; a gag was put into his mouth. Dr. O'Dwyer passed the index finger of his left hand back into the child's pharynx, while his right held an instrument shaped like a steel sound of the VanBuren pattern, carrying on its distal end a gold-plated oval tube four-sixteenth of an inch in its long diameter and two-sixteenths in its shorter diameter, and one and a half inches in length, collared around the upper extremity, except at the anterior curve of the oval. In this uncollared portion was a small eyelet armed with a long silk thread. This tube was carried along the doctor's finger into the pharynx. There was a spasmodic coughing, a reddening or the face; the sound-like instrument was immediately withdrawn without the tube; the boy gave a long, deep inspiration, the thread was quickly withdrawn and a marvelous change was instantly produced in the patient's whole condition. The intense redness caused by the first irritation gradually faded, a copious persiration broke out over the forehead, the respiration became easy and quiet. Before the little sufferer had recovered from his amazement he was sleeping soundly. During the next six days the tube was coughed up three times, and reintroduced each time, the last time at the entreaty of the little patient Every effort to swallow liquids after the first introduction of the tube provoked violent coughing, solids and semi-solids were swallowed with difficulty. There has been a progressive improvement in the ability to swallow liquids, but they always provoke coughing. He can whisper quite distinctly now on the seventh day, and his pneumonitis is abating.

Dr. Brush then describes two other similar operations, with like happy results, one on a child eighteen months old

and one on a girl of four and a half years.

The tube is left in situ without any attachment whatever.

By an instrument which Dr. O'Dwyer has designed he can

remove the tube with the greatest facility.

The advantages of the operation over tracheotomy are: (1.) That it is a simpler operation; (2.) that the laryngeal tube is worn with greater ease to the patient; (3.) that the air which reaches the lungs is heated and moist; (4.) that coughing and expectorating are carried on with greater ease and more effectually than is possible with a tracheal tube, and less watching is necessary; (5.) that there is an entire absence of mutilation or disfigurement, and finally (6) we are spared the necessity of requesting the consent of the parents to a desperate operation as a kind of forlorn hope.

A CASE OF EXTIRPATION OF THE LARYNX.

(DR. MAYDL)

The patient, aged 45, suffered from epithelial cancer of the larynx, and for eight years complained of itching in the throat, hoarseness, and the phenomena of stenosis. On account of dyspnæa, tracheotomy was performed; later on, the granulations growing from below displaced the canula, ultimately the larynx was extirpated. On the second day after the operation fever appeared; on the third day, hæmatemesis, which was repeated on the fourth day, and in two hours was followed by death. At the autopsy double pneumonia was found, also large hæmorrhagic erosions upon the mucous membrane of the stomach, degeneration of the heart, and fatty liver. Maydl says that his first case, (August 31st, 1882), progressed very well. — Deutsche Medizinal-Zeitung.

REPEATED ABORTIONS SUCCESSFULLY TREATED WITH POTASSIUM CHLORATE.

The Cincinnati Lancet and Clinic of February 14th, 1885, gives the report of a case read before the "Academy of Medicine," by Dr. E. S. McKee, in which repeated abortion was successfully treated with potassium chlorate.

The patient had had ten miscarriages during the fifth,

sixth, seventh and eighth month of utero-gestation.

She gave no history of syphilis, nor did physical examination show any evidence of the disease. No local disease was found, but she said that "the doctor, who attended her about eight years ago, said the after-birth was nothing but a chunk of fat, and took it home with him."

Presuming the trouble had been fatty degeneration of the placenta, she was put upon fifteen grains of chlorate of potash, three times a day. A healthy boy was born. Again being pregnant, and the medicine repeated, she gave birth to another healthly boy.

In reviewing the literature of the subject, Dr. McKee says, Sir James Simpson first used and recommended chlorate of potash when fatty degeneration of the placenta was suspected, on the theory that the drug furnishes oxygen to the blood and through the placental tufts to the fœtus.

It has been proved, however, that chlorate of potash

does not part with its oxygen.

Bruce used chlorate of potassium in six cases, where repeated abortions had occurred. In all but one of these the children came to term, and in this one was carried three months longer than usual.

Dr. Inglis said he had never seen potassium chlorate fail. In one case after sixteen still-born children, the seventeenth

was born alive under this remedy.

After giving a number of other authorities, the Dr. says, "no less an authority than Karl Braun in his recent work, speaks favorably of the use of potassium chlorate in miscarriage."

THE ETIOLOGY OF PUERPERAL MASTITIS.

(DR. O. BUMM.)

It has been shown that stasis of milk and infection from without are the causes of the inflammatory processes in the mamma of the puerperal woman; but the exact nature of the cause was not ascertained.

If a case of mammary abscess treated in the Würzburg clinic, numerous micrococci were found between the puscells, both singly and in groups. They resemble the gonococcus, consisting of two hemispheres with their flat sides in contact, being separated by a thin column, and easy to part asunder. To prove that these micrococci were not inactive, B. made three inoculation-experiments; and in each case an abscess formed, the pus of which contained numerous clusters of the inoculated cocci. In regard to the route by which infection took place, B. assumes that the germs must have found admission through the milk-ducts, since no excoriation of the nipple was present.

The same organisms were found in the lochia and in

puerperal cystitis as well as in the vaginal secretion of the woman suffering from puerperal mastitis.—Deutsche Medizinal Zeitung.

MANGANESE AS AN EMMENAGOGUE.

Dr. Franklin H. Martin, in the Chicago Medical Journal and Examiner for February, 1885, reports a number of successes in the use of manganese as an emmenagogue. He also goes ahead of Drs. Ringer and Murrell of London, who first recommended the treatment and asserts his success in some cases of menorrhagia and metrorrhagia as well. He says it should be given highly diluted with water or in dry gelatine capsules, preferably after eating. Two grains three or four times a day, and in some cases more, should be given if possible.

Prof. T. Gaillard Thomas in a clinical lecture recommends for gonorrhæa in the female the through cleansing of both urethra and vagina followed by injections of a t to 2000 solution of bichloride of mercury.

TRYPSIN AS A SOLVENT OF THE DIPHTH ERITIC MEMBRANE.

Dr. B. M. Van Syckel recommends a trial of trypsin as

a topical application in diphtheria.

The solution is to be applied by means of the spray, applications being made every fifteen minutes, or as often as the strength of the patient will permit, only a small amount of the liquid being used at each spraying. In this manner the membranes can be dissolved as fast as pro-

duced and without injury to the health tissue.

The following preparation has been found very serviceable in the doctor's hands: 50 c. c. (3 j. 3 vj.) of a 1 to 1000 solution of salicylic acid may be added to 5 grm. (3 j. gr. xvij.) of "extractum pancreatis," and the mixture allowed to digest in a water bath at a temperature of 98.5° F. for four hours, then filtered and made slightly alkaline by the addition of carbonate of soda. The solution will not keep more than one or two weeks.— The Med. Record, N. Y., Feb. 21st.

VAGINISMUS EXTRAORDINARY.

Dr. F. Y. Davis, ex-U. S. army, in the *Med. News* tells the following observation:

1885.

"While practicing in Pentonville, Eng., he was called at about midnight to see a case quite unique. The gentleman calling him said that about bedtime as he went into the back kitchen to see if the house was shut up, he was attracted by a noise in the coachman's room. On going there he found the coachman in bed with one of the maids. She screamed, he struggled, and they rolled out of bed together and made frantic efforts to get apart, but without success. He was a big burly fellow, over six feet high, and she was a small woman of not more than ninety pounds. She was moaning and screaming and seemed in great agony, so that after several fruitless attempts to get them apart the doctor was sent for. When he arrived the man was standing up supporting the woman in his arms, the penis being locked in her vagina. After trying to liberate the penis with water and ice, and failing, chloroform was sent for. A few whiffs of this put the woman to sleep, and released the penis. This was swollen, livid and very sore, and was in a state of semi-erection. which did not go down for several hours, and for days the organ was very sore It must have been that there was a spasm of the sphincter at the orifice of the vagina, which nipped the penis and prevented the outflow of blood from the organ.— Cincinnati Lancet and Clinic, Feb. 21st.

ENTERITIS AND GASTRITIS SUCCESSFULLY TREATED WITH ERGOT.

Dr. Alexander R. Becker in the *Boston Medical and Surgical Journal*, March 5th, 1885, reports a case of gouty enteritis and gastritis cured with Squibb's ergot.

The patient for a long time gouty, was suffering from a chronic enteritis which had resisted all treatment and never left him except during attacks of gout in one or both feet. He had eight or nine evacuations daily, with almost constant pain, and suffered intolerable annoyance from flatulence. He had mitral disease and dilatation of the heart and had suffered, though not recently, from asthma. Thinking there was probably some arterial debility he was put upon Mxxx of fluid extract of ergot, three times a day, and in a week his bowels were almost well. A week or ten days later he had an attack of gout in the left foot lasting three weeks. Since then the gouty tendency has been kept down by potassium carbonate (gr. v) in a glass of

claret and water with his lunch and dinner, and he has been more comfortable than for two years. The same patient was relieved of an attack of acute gastritis a little later, with the same doses of ergot and within forty-eight hours of the commencement of the treatment.

TREATMENT OF RINGWORM.

Alder Smith (Brit. Med. Jour., Nov., 1'84) recommends the use of chrysophanic acid dissolved in chloroform, in the proportion of seven grains to the ounce. He says that it is the most efficient treatment that he has yet tried.—Jour. Cut. and Ven. Dis.

THE CURETTE: ITS PLACE AND ITS POWER IN UTERINE THERAPEUTICS.

Dr. Geo. T. Harrison* in this paper seeks to define the value of this instrument. He refers first to the various opinions which have been expressed about it by writers, from the warm praise of it by Sims and Martin, to the sweeping condemnation by Emmet and others. He then describes the modifications which the instrument has undergone from its introduction by Recamier in 1846 to the

present time.

The use of the curette he would consider indicated in the following morbid states of the uterine mucous membrane: (1) in sarcomata and carcinomata of the inner surface of the body of the uterus, in cases where more radical measures cannot be employed, though the result is of course only palliative; (2) in cases of retention of the products of conception. This applies particulary to the early months when the cervix is apt to be too unyielding to admit the finger; (3) in the various forms of endometritis characterized by menorrhagia and metrorrhagia. In some of these cases the sharp curette is needed in order to remove the deeper layers of the diseased mucous membrane; (4) in small benign neoplasms such as mucous and fibrinous polypi and adenoid growths; (5) to a limited extent in the secondary endometritis of areolar hyperplasia, and the endometritis complicating myoma; (6) for diagnostic purposes.

The author concludes with a description of the methods of operating, and cautions to be observeed in the after treatment.—Boston Medical and Surgical Fournal, Feb. 5.

*N. Y. Med. Four, Dec. 20, 1884.

THE ANTIPYRETIC ACTION OF THE ALKALOIDS OF QUEBRACHO.

At the recent meeting of the French Association for the advancement of Science at Blois, a paper was presented by Drs. Huchard and Eloy on this subject (Le Progress Medicale, October 4, 1884). There are many alkaloids of this drug, no less than six having been already isolated. Numerous experiments having demonstrated the antipyretic action of these alkaloids, the authors were led to make trial of them in the human subject. In a certain number of patients with typhoid fever, to whom quinine had been given without effect, a notable reduction of temperature was obtained by the hypodermic injection of the muriate of aspidospermine in doses of one-and-a-half to three grains. This latter amount should never be exceed-The authors noted especially the rapid reduction of temperature following the exhibition of these several alkaloids, and also remarked upon the changes occurring in the blood after their administration. The blood is changed in color in a way very similar to what occurs after poisoning by oxalic oxide.—Medical Record—The Polyclinic.

MONSEL'S IRON FOR DIARRHŒA.

I have been urged by one or two friends to communicate to the Journal something I said before the Norfolk District Medical Society, at a recent meeting, on the powdered

subsulphate of iron in diarrhœa.

Ever since I began practice 1868 I have been looking for a really satisfactory astringent in chronic catarrh of the bowels. There is, as every one knows, a class of cases where the ordinary vegetable astringents fail to act, or at least too feebly to do real good. The intestinal lining is in an ulcerous, or quasi-ulcerous condition, and requires the potent action of a mineral astringent to treat it, as the cases of external ulcer. The acetate of lead is one of the best remedies in these cases, but cannot be safely given for any great length of time. Oxide of zinc in pill form is safe and efficient, but with children, who must take it in powder, often vomits and gripes Sulphate of copper and nitrate of silver are still harsher, and for children quite out of question. Subnitrate of bismuth is worse.

I began trying, in 1876, at the Seashore Home, iron alum (the officinal sulphate of iron and ammonia). I found it better than anything I had previously tried and have used it freely ever since. It is not quite so well borne by the stomach as lead and bismuth, but far better than zinc or copper. The dose for a child is from one to three grains; for adults, from three to ten. At the Seashore Home we made up powders containing one grain of the salt to a twelfth of grain of opium, giving one or more for a dose according to the age of the child. For adults the pill form is of course preferable. I have had the best results from its use.

Last summer I began using Monsel's salt in its place both in public and private practice. This I did from my experience of its great efficiency as a styptic, and a presumption that it might do equally well in diarrhæa, and have found it even better than iron alum. I have tried it only in the dry form, manufactured by Squibb under the name of Pulvis Ferri Subsulphatis. In this State it is not officinal, though it is precisely the same as the officinal liquid Ferri-Sulphatis evaporated to dryness. It may be given in the same doses and in the same way as iron alum. — Dr. E T. Williams in Boston Med. and Surg. Jour.

STRICTURE.

In urinary obstruction, due to prostatic hypertrophy or thickening of the mucous membrane of the urethra, Professor A. B. Palmer says that relief can frequently be obtained, and the evils of catheterization avoided, by simply making the stream of urine act as a hydrostatic dilator in its passage. This can be readily done during micturition by compressing the urethra between the thumb and fingers so that no urine can escape. An effort is to be made at the same time to forcibly empty the bladder. The result is that the urethra is gently and uniformly distended without risk and without pain. This distension can be obtained and sustained at will, and in a majority of cases, if daily repeated, will soon be followed by the power of almost completely emptying the bladder, with a fair and often a full stream.—Med. Bulletin.

FLATULENCE.

Professor Bartholow states that hysterical flatulence can often be promptly relieved by the administration of from five to ten minims of oleum cajeputi. In cases of ordinary flatulency, simply due to fermentative changes, smaller doses will be sufficient.

THE following formula is employed by Dr. John V. Shoemaker for the treatment of scrotal eczema at the Philadelphia Hospital for Skin Diseases:

> R. Ext. belladonnæ. -- gr. xl. Ext. opii. - - gr. x. Ext. arnicæ. - - 9j. Ungt. hydrarg. nit. - 3iss. Acidi tannici. - - Dj. Ungt. zinci ox. benz. 3j. Ungt. zinci ox. benz. M. Sig. Externally.

FIBROUS TUMORS.

Dr. R. J. Nunn (Transaction of Georgia Medical Association) asserts that various fibrous tumors will be found to diminish in size, and at times to disappear altogether, if the patient be placed upon a diet consisting of pure muscle only.

INCONTINENCE OF URINE IN CHILDHOOD.

Dr. Eustace Smith in his recent work on children, gives the following:

Tr. belladon. - - - f3j.
Potas brom. - - - gr. x.
Infus. digitalis - - f3ij.
Aq. q. s. ad. - - f3ss. Tr. belladon.

This in one dose.

He adds strychnia when the affection occurs both day and night. This author finds a great tolerance of belladonna in children, and believes that it should be pushed to its toxic effect when the case does not yield readily.

THE AMERICAN WICTH HAZEL

(Hamamelis viginica) is coming largely into use as a remedy for many forms of hemorrhage. That it possesses most valuable properties is now universally acknowledged. There is reason to suppose that it exerts a specific influence on the muscular walls of the bloodvessels. Half a drachm to a drachm of tincture of hamamelis in four ounces of water forms a convenient mixture, the dose of which is a teaspoonful every ten minutes, until the bleeding is arrested. A reliable preparation of this useful drug is Burroughs's Hazeline, made from the fresh bark. It is a clear pellucid fluid having an agreeable oder and taste. It is useful in all forms of bleeding, and is a sovereign remedy for piles and

varicose veins. It has been much used of late in the treatment of post-nasal catarrh, and other affections of the nasal passages. For internal administration the dose is ten minims every three hours in a little water, whilst for a lotion or local application it may be diluted with an equal quantity of water, or glycerine and water.—Mcd. Bulletin.

ANEURISM OF THE ARCH OF THE AORTA, PRESENTING UN-USUAL DIFFICULTIES IN DIAGNOSIS.

Dr. Austin Flint narrated a case and presented the specimen showing the seat and extent of the aneurism. patient was a gentleman forty-three years of age, whom he had seen in consultation with Drs. Speir and Little, of Brooklyn. He had some difficulty of respiration, but this was not very great at that time. There was, however, distinct stridor; though a careful examination with the laryngoscope, made by the late Dr. Elsberg, had failed to detect any abnormal condition within the range of that instrument. On examining the chest it was found that the respiratory murmur was notably feeble on both sides, being a little weaker on the left side than on the right. Nothing else was discovered to show that there was any affection of the lungs. A careful examination was made for the presence of an aneurismal tumor, but without success, and there was no pulsation disconnected with the apex-beat of the heart. There was no abnormal sound about the heart and there was no aphonia.

The stridor and feeble respiratory murmur, without other cause to explain them, pointed toward the existence of an aneurism, and this diagnosis was rendered the more probable from the fact that, during certain paroxysms of dyspnæa to which the patient was subject, the radial pulse and the pulsation of the carotid artery on the left side were found to entirely disappear. While Dr. Flint and the other physicians were still in consultation over the case they were summoned to the next room to see the patient, who was then suffering from one of these paroxysms so that it seemed as if he must inevitably expire. As a matter of fact he did die in a similar paroxysm within the next thirtysix hours. During the paroxysms the respiration was exceedingly embarrassed; the obstruction to inspiration being more marked than that to expiration. From the nature of these paroxysms it seemed altogether probable that the trouble present involved the transverse portion of the arch of the aorta with the recurrent laryngeal nerve. Coming to consider the morbid appearances in connection with the symptoms which had been noticed during life, it was found that the whole of the ascending, transverse, and descending portions of the arch were markedly enlarged; while there was atheroma present, with distinct calcareous flakes. Yet, what was quite remarkable, there had never been any bruit heard by any physician who had ever made an examination of the case, although it would have seemed that there were just the conditions present for the production of a loud bellows murmur. For the absence of the radial and carotid pulse during the paroxysms, the unusual distension of the aorta and the consequent pressure on the left subclavian and carotid arteries were sufficient to account.

After having described a pocket half an inch in diameter, which protruded directly into the trachea, and must, of course, have caused more or less obstruction to respiration, Dr. Flint said that an interesting point in connection with the case was the probable causation of the paroxysms of intense dyspnæa, during one of which the patient died. There was no question, he thought, that they were due to the effect of pressure on the recurrent laryngeal nerve; but it might perhaps be difficult to decide whether the urgent dyspnæa was the result of paralysis of this nerve or of spasm of the glottis. With our present light on such matters, he did not hesitate to say that he believed the condition to be one of paralysis, rather than spasm. A question of interest in connection with paralysis of the abductor muscles of the glottis was, Is such a paralysis on one side sufficient to cause death? It seemed probable to him that such was not the case; but where one side was affected, there was a strong liability, through some sort of sympa- . thetic or reflex action, the nature of which was not clearly understood, of the paralysis becoming bilateral. The case was discussed by Drs. A. Flint, Jr., Leah, Little, and others.—Boston Medical and Surgical Fournal; report of 5th dist. branch N. Y. State Med. Association.

AMERICAN MEDICAL ASSOCIATION.

Arrangements have been made to run a special train of parlor cars from Boston to New Orleans and return without change, for the accommodation of physicians and their friends who desire to visit this city during the session of the Association. The train will leave the Boston and

Albany depot on Friday, April 24th, at 3 P. M., Worcester at 4: 20 P. M., Springfield at 6: 15 P. M., Providence at 2 P. M., arriving in New Orleans, Monday, 27th, at 9 A. M. Arrangements will be made in advance for meals *cn route*.

TUBERCLE INOCULATION DURING COITION.

December 26, 1884, M. Fernet read a paper before the Medical Society of the Hospitals on the transmission of tuberculosis by sexual congress. The author sided with those physicians who think that the microbe of Koch makes its entrance not only by the respiratory tracts, but also by the skin and the digestive and genito-urinary mucous mem branes. He recalled the fact that Cohnheim and M. Verneuil had endeavored to prove that urethral tuberculosis in the man can result from sexual intercourse with a woman who is the subject of uterine tuberculosis; this clinical fact is easily explained, since the bacilli have been detected (notably by M. Babes) in the urine and vaginal muco-pus of a woman having tuberculous lesions of the genital organs.

From facts collected and observed, M. Fernet arrives at the following conclusions: (1) Genital tuberculosis can be the result of direct contagion during coitus. (2) That blennorrheas ought to be held as suspicious which do not succeed true blennorrhagia, and their tuberculous nature should be made plain or negatived by a careful search for bacillus. (3) Coitus between spouses, one of whom is affected with tuberculosis, should be considered dangerous. (4) Genital tuberculosis can be the source of a secondary general infection and so should be treated as energetically as possible by the aid of various medico-chirurgical means.

-Louisville Medical News.

Nepaul Aconite in the Treatment of Chilblain.—Cullimore ("Lancet") speaks highly of a tincture of Aconitum ferox (one part of the root to ten of proof spirit) as a local application in cases of chilblain. He directs that the tincture be painted over the inflamed spot "for a quarter of an hour on four different occasions in the course of an evening." He has also used hydrochlorate of cocaine for the same purpose, but regards it as inferior to the aconite.—N. Y. Medical Journal.

A DIURETIC MIXTURE.—Dr. Joseph Mullone, of Lyons, Ind., writes to us that he has treated a number of severe cases of anasarca, most of them of distinctly malarial origin, and has been much pleased with the action of the following formula:

Compound spirit of Juniper 1 pint;
Sulphate of iron 2 drachms;
Acetate of potassium ½ ounce;
Fluid extract of digitalis 2 fluidrachms;
Syrup of squill ½ fluidounce.

Dose, a tablespoonful three times a day. In severe cases the patient is to drink also a cold infusion of elder root.—N. Y. Medical Fournal.

ITEMS.

Dr. P. Brynberg Porter, of New York, has been appointed editor of *Guillard's Medical Journal*, and will have as collaborators Drs. T. Gaillard, Thomas and George T. Harrison, of New York; Hunter McGuire, of Richmond, Va., and C. H. Mastin, of Mobile, Ala.

A record of abnormally low temperature in a case of double pneumonia is reported in the Australian Medical Gazette for November, 1884. The maximum temperature on the first three days of the disease was 99 99.1°, 100.5° (the second lung becoming affected.) After the fourth day it did not go above 89.6, and after the sixth day it was not above normal, though the lungs did not become clear till the seventeenth day.

Sir Joseph Lister has received from the Emperor of Germany the "ordre pour le mérite" for Science and Arts.

DEATH FROM NITROUS OXIDE.—A retired magistrate went to a dentist in Paris to have a tooth extracted. Gas was administered, the tooth extracted and the patient died. It would appear from the absence of any hemorrhage that the patient was dead before the operation was performed and seems to have been due to failure of the heart's action.

—Weekly Medical Review.

Dr. John W. Mallet, who was elected Professor of Medical Chemistry and Toxicology in Jefferson Medical Col-

lege in September last, has resigned the position, and will return to the University of Virginia, the institution with which he was previously connected.

THE REMOVAL OF THE CECUM for epithelioma is the subject of a report by Mr. W. Whitehead, of Manchester, England; it is reported in the British Medical Journal of January 24, 1885. The patient died, however, on the 13th day.—Weekly Medical Review.

HYDROCHLORATE OF COCAINE SOLUTION—Schroetter of Vienna is said to use by preference for operating on the throat a 20 per cent. (twenty per cent.) solution. He prefers the solution to the powder.

A pocket diary picked up in the streets of a neighboring village would seem to indicate, from the following choice extract, that the owner was a medical man: "Kase 232. Old Misses Boggs, Ain't got no bisnis, but has plenty of money. Sikness all a humbug. Gave her some of my celebrated 'Dipsefloriken,' which she sed she drank like cold te—which it was too. Must put something in it, make her feel sik and bad. The Old Woman has got the roks."—Sanitarian—Weekly Medical Review.

The relative numbers engaged in some of the professional callings in the United States, as shown by the census

returns of 1870 and 1880, were as follows:

The number of clergymen in 1880 was 64,698 against 43,894 in 1870; the number of lawyers was about the same—in 1880, 64,147; 1870, 40,736; the number of physicians in 1880 was 86,000; in 1870 62,000; the number of teachers and scientific men in 1880 was 228,000; in 1860, 110,000; the number of dentists in 1880 was 12.314; in 1870, 7,839. These figures are to be interpreted in the light of an increase in the total population during the decade of thirty per cent.

Prof. Nussbaum.—On the 6th of January, the anniversary of the twenty-fifth year of service of Prof. Nussbaum as University Professor and Chief Physician of the City Hospital, was celebrated in Munich. The Burgomaster and representatives of the civil and military physicians delivered congratulatory addresses, in which due appreciation of Dr. Nussbaum's professional ability and private character was manifested.

"The Physician Himself," that excellent and ever valuable work by Dr. D. W. Cathell, of Baltimore, is now in its fourth edition. The practical aim of the work is to teach the physician what he should add to his scientific acquirements, in order to secure success. Now that the commencement exercises will soon be over, and so many young fledglings will attempt the bread-winning process with the aid of the medical profession, such advice as that which the experienced Dr. Cathell gives in his excellent book will prove of priceless value. The work can be procured by applying to any bookseller in the United States.

THE PARISH MEDICAL SOCIETY held its annual meeting March 30. Dr. Geo. B. Lawrason was elected President, and Drs. Austin, Turpin and Chassagniac, Vice-Presidents; Dr. J. H. Bemiss, Secretary. Dr. Rudolph Matas delivered the annual oration on the "Physical basis of Crime," of which a summary will be published in our next issue. Dr. Felix Formento was elected orator for the next year's meeting,

MEETING OF THE STATE MEDICAL SOCIETY.—In a few weeks the annual meeting of the Louisiana State Medical Society will take place. The meeting will begin on April On April 28, the American Association will hold its annual session in New Orleans, and members of the State Society can, by staying over for a few days, enjoy the pleasure of hearing and seeing the most eminent among America's medical men. A better time could not be found for the physicians of our State to assemble in New Orleans. Traveling expenses are very low; and in the Exposition alone, visitors would find themselves amply repaid for the small outlay required. Previous meetings of our State Society have not been much crowded, but the inducements to attend the coming meeting are so great that no excuse can be offered for failure to attend; and if, under the circumstances, the meeting be as poorly attended as the last one, while the eyes of the representatives of the profession throughout the country are upon us, Louisiana will indeed cut a sorry figure, and visitors will pityingly wonder at our indifference to organization.

WE have received a courteous and interesting communication from Dr. J. G. Hava, in which he directs our attention to the prevalence of a peculiar sickness among the American laborers and emigrants at Puerto Barrios,

Central America. Through private advices which the Doctor has received from that place, this malady is apparently Beriberi, though the people in the locality have not the slightest idea of what the disease they are suffering with actually is. We have read the extracts from the letters which Dr. Hava has received from some of his former clients in this city, who are now sick with the disease in Puerto Barrios, and agree with him in the opinion that that the violent and rapidly fatal anasarcous disease which is decimating so many of the laborers of that place, answers in description to the disease beriberi,—a strange and fatal disorder which has prevailed for so many years in Cuba and South America, and which Dr. Hava has the credit of having been the first to describe in Cuba. Dr. Hava has presented his information to the State Board, and the Board has promised to guard this port from any possible introduction of the disease (though it is maintained by many that it is not contagious) by maintaining special vigilance over returning emigrants, at the quarantine stations.

WE have received a notice from Dr. L. P. Gibson, Secretary, stating that the State Medical Society of Arkansas, will hold its tenth annual meeting at Little Rock, Ark., on Wednesday, Thursday and Friday, the 22d, 23d, and 24th of April. The Secretary desires that all members wishing to attend the meeting of the American Medical Association, at New Orleans, should notify him at an early date, so that arrangements might be made for reduced fare, etc.

THE GRADUATING CLASS of the Medical Department of Tulane University of Louisiana, will celebrate its graduating exercises at the Grand Opera House, Wednesday, April 1st, 1885. General John Eaton, U. S. Commissioner of Education will deliver the salutatory oration, and Dr. Chas. L. Seemann, the valedictory address.

REPORTS of surgical operations upon the gall-bladder or ducts, whether previously published or not, are desired for a contribution to an important work and all facts connected with them will be thankfully received by Dr. J. McF. Gaston, Atlanta, Ga.

Professor Hyrtl will complete his half century in medicine during this month, and we learn that the Senate of the University and other learned bodies in Vienna are making arrangements to celebrate the event, and present their congratulations to the venerable anatomist.

MEDICAL ADVICE BY TELEPHONE—HUSBAND—" My wife has a severe pain in the back of her neck, and complains of a sort of sourness in the stomach."

Physician—" She has malarial colic." Husband—" What shall I do for her?"

(The girl at the "central" switches off to a machinist

talking to a saw-mill man.)

Machinist to Husband—"I think she is covered with scales inside about an inch thick. Let her cool down during the night, and before she fires up in the morning take a hammer and pound her thorougely all over, and then take a hose and hitch it to the fire-plug and wash her out."

Husband has no further need of this doctor.—Leonard's

Medical Journal.

Dr. Preis (Weekly Medical Review) has noticed in 217 prostitutes a sort of lipomatous tumor, seated between the sixth and seventh cervical vertebræ, over the spinous apophyses. These hemispherical tumors are little, firm, elastic, mobile, and not painful. He considers them to be due to pressure and friction during coitus, and has not found them in those who are not prostitutes.

THE Med. Age truly says that it will be a great relief to suffering thousands to learn, on so good authority as Dr. Piffard, that the bromide of arsenic is a cure for pimples. He recommends a one per cent. solution, of which one or two minims are to be taken in a wineglassful of water three times a day, on an empty stomach. The dose is to be diminished as the pimples begin to disappear.

THREE medical celebrities met together to consult at the sick-bed of General X—. After they go, the General rings for his man-servant. "Well, John, you showed those gentlemen out—what did they say?"Ah, General, they seem to differ with each other. The big fat one said that they must have a little patience, and at the autopsy—whatever that may be—they would find out what the matter was."—Medical and Surgical Rep, March 28.

Hyoscine Hydrobromate.—Since the report of Dr. Horatio C. Wood, in the last Therapeutic Gazette, further experimentation under his direction, carried out at the

Philadelphia Institute for the Insane, has fully confirmed the claims then made for it. Of its value in insanity there can no longer be a doubt. It is urged that in virtue of its small bulk, tastelessness and solubility, it can be administered when other medicines, and even food, are refused. In doses of one forty-eighth of a grain, in extreme cases, sleep was always induced, and the patients generally awoke much refreshed and with their excitement much abated. Applied locally to the eye it causes dilatation of he pupil, but has no anesthetic effect —Louisville Medical News, March 28.

THE PROFESSION IN AMERICA.—In his inaugural address, as President of the New York Academy of Medicine, Dr. A. Jacobi pays the following tribute to American medicine: "They say we have no John Hunter. All Great Britain, in all its pride, has but one. No Bichat or Laennec. All the glory and elegance of France have but one. No Virchow. All the centuries of toiling and philosophical Germany have produced but one. What we do have, however, is a medical profession with unbiassed minds, clear insight, critical eyes, undaunted industry, and that republican courtesy which recognizes—snum cuique the peculiar advantages and services everywhere, and the democratic tendency of appreciating and appropriating the intellectual accomplishments of the globe, and of utilizing them for the practical necessities of the commonwealth. As long as the Confederation and the Union have been in existence, their medical men have been, to say the least, marching in line. In what the Anglo-Saxons have known and taught they have both participated and co-operated. Without the counting in of the original American contributions to science, the history of modern medicine would be incomplete indeed. Let Europe boast of her great names, this young community has the heirloom of the great names of Bard, Rush, McDowell, Drake, Beck, and many others of past years. . . . I might go on a long time, but I do not stand here to extol America or American medicine. Still, I feel strongly that we may be well satisfied with what we, not protected by governmental interference, unaided by a slow growth through centuries, have accomplished in a proportionally short time. The last few decennia gave us the library of the Surgeon-General's office, the "Subject Catalogue," "The Medical and Surgical History of the War," standard books, recognized as such in

Europe, great journals, and a goodly array of valuable monographs, and vastly improved college education; they have raised great surgeons and clinicians of universal reputation, and a progressive profession whose aim and best efforts are directed towards the improvement of medical training, and the sanitary condition of the people.—Gaillard's fournal, March.

GERMAN MEDICINE A FEW YEARS AGO —In the same address occurs the following: In Rokitansky's opinion the anatomatical changes were the only thing in medicine worth knowing. Skoda for some time experimented carelessly and unsuccessfully with remedies; his ill success and Rokitansky's teaching confirmed the nihilism of Broussais, against which Laennec protested in France, and made the expectative treatment and the nihilistic faith the gospel of German practice.

"This was the medicine—the patients' woes soon ended,
And none demanded: Who got well?
Thus we, our helish boluses compounding,
Among these vales and hills surrounding,
Worse than the pestilence have passed.
Thousands were done to death from poisons of my giving;
And I must hear by all the living
The shamelass murders praised at last."

But in Goethe's "Faust" this is said by an incorrigible philosophical roué, who is ready to give himself up to the devil, and in Germany it had the result that the public, who have a right to desire to be cured when they fall sick, preferred the homeopathic pill-box to the pathologist's postmortem case.—Gaillard's Journal, March.

ANECDOTE OF MALGAIGNE.—Professor Malgaigne was one day examining a candidate upon his doctorate thesis, and was annoyed at the very bad replies and ignorance of the student. "Well," he cried at last, impatiently, "make me one good answer; can you tell me what it is to create?" "To create," said the young man, readily, "it is to make something out of nothing." "Correct, monsieur, and in proof of it we are now going to create you a doctor." The application of this will be seen during the present commencement months.—N. Y. Record.

A New Initial Sign of Tables.—Hyperæsthesia, complete or insular, of the cutaneous distribution of the plexus pudendo-hæmorrhoidalis, and frequently of the plexus coccygeus is a never-failing initial sign of tabes dorsalis, according to Dr. Wm. Th. von Renz.

THE Northwestern Lancet speaks of a modest young practitioner who lost his first good patient through his blushing inquiry, "Madam, if it is a question that a gentleman may properly ask a lady, are the bowels regular?"

At the meeting of the N. O. Medical and Surgical Association, held on March 7th, Dr. Harvey E. Brown, U. S. A., feelingly bade farewell to the profession of N.O. He said, that as a member of the army medical staff, he was under orders to soon proceed to a point in Arizona. Under other circumstances, perhaps, remarks would be unnecessary; but his experience in New Orleans has been such as to make it incumbent upon him to express his appreciation of the good-will and fraternal feeling shown him by the profession of this city. He first came to New Orleans in 1866, at a time when the wounds caused by our late misunderstanding had not yet healed. He knew no one then. He came to New Orleans again in 1881, and he knew but one man, the then Secretary of the N. O. Medical and Surgical Association, who served with him in the vellow fever epidemic at Barrancas, near Pensacola, when 80 persons in a population of 120 were stricken with the dread disease; and he now wishes to place on record the noble conduct, in that epidemic, of his co-laborer, Dr. L. F. Salomon. Dr. Brown, continuing his remarks, said that in three weeks he was elected a member of the Association; and, in little more than one year, he was honored by the Association in being made its Annual Orator. Before Fate has carried out her decrees and separated him, perhaps forever, from those whose companionship has been an unfailing source of pleasure to him, he would express, as well as feeble words would allow, his deep sense of the kindness of the medical profession of New Orleans.

The Journal wishes the doctor a bon voyage, and many pleasant days at his future home.

NOTICE TO VISITING MEMBERS OF THE AMERICAN MEDICAL ASSOCIATION.

We are authorized by the Chairman of the Committee of Arrangements, Dr. S. Logan, to state that those members who are unprovided with rooms in advance would do

best to register their parties at hotels; and if dissatisfied, seek new quarters by applying to the Bureau of Accommodation, office on Gravier, between St. Charles and Carondelet streets, where daily lists of rooms, boardinghouses, etc., are kept. In ordinary times the Committee of Arrangements would find no difficulty in engaging quarters beforehand; but now it is, as a rule, impossible to do so, since the constant coming and going of strangers prevents the keepers of hotels, boarding-houses and furnished rooms from promising to keep rooms engaged beforehand. They have almost unive ally refused to do so; but with the aid of the above bureau, it seems that this difficulty has been reduced to a minimum. It is also announced that a better system of registration will be adopted and published in the daily papers and at the hotels and at the hall of meeting.

OBITUARY NOTICES.

Dr. Ellerslie Wallace, one of the oldest and best known members of the medical profession of Philadelphia, died on March 9th. Dr. Wallace was born in 1819. He graduaten from Jefferson Medical College in 1843, and for a number of years held the Chair of Obstetrics and Diseases of Women and Children in that school.

IT OF PROF. FRERICHS.—A Berlin cablegram dated Mar 1 14, records the death of Dr. Frederick Theodore y regicles, the distinguished medical professor and author. I was born at Aurich, in Hanover, March 14, 1819, and caucated at Gottingen. He occupied a chair at the University of Berlin. During the Franco-German war he was Physician-in-chief of the army. In 1854 he received from the King of Prussia the decoration of the Red Eagle, and the title of Privy Counsellor. Dr. Frerichs contributed extensively to Wagner's "Dictionary of Physiology," to Leibig, Poggendorf & Woehler's "Dictionary of Chemistry," was the author of a well-known work on the Disease of the Liver, and one of the Editors of the Zeitschrift fur Kinische Medicine. He was a man of fine ability, and his death is a serious loss to German Medicine.—Phila. Med. News.

ME						-March. Station-New Orleans.
DATE	Daily Mean Barometer.	Daily Mean Tempert'e.	Daily Max. Temperat'e	Daily Min. Tempert'e.	Daily Rain fall, inches.	GENERAL ITEMS.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	30.091 30.154 30.042 29.933 30.080 30.175 30.236 30.450 30.179 30.039 30.0450 30.076 30.095 30.095 30.092 30.092	57.8 55.8.8 55.6.6 56.6 56.6 56.6 56.8 54.8 60.5 56.9 56.9 56.9 56.9 56.9 56.9 57.4 57.4	67.0 66.3 66.4 66.7 66.4 68.6 67.3 55.1 63.0 69.2 65.1 62.7 68.3 66.4 67.1 63.5 66.4 67.1 63.5 66.4 66.3 66.4 66.3 66.4 66.3 66.4 66.4	53.7 49.5 54.2 55.1 50.5 55.3 37.0 44.8 55.0 55.0 55.0 55.0 55.0 55.0 55.0 55	.51 1.18 	Highest Barometer, 30.508. 9th. Lowest Barometer, 29.743. 21st. Highest Temperature, 77.2. 28th. Lowest Temperature, 36.0. 23d. Greatest daily range of Temperature, 6.3. Mean daily range of Temperature, 14.5. Mean Daily Dew-point, 46.8. Prevailing Direction of Wind, North. Total Movement of Wind, 5,155 miles. Highest Velocity of Wind and Direction, 20 Miles S. W. No. of clear days, 13. No. of cloudy days, 8. No. of days on which rain fell, 9. Date of solar halos, 0. Dates of lunar halos, 0. Dates of frosts, 10th. COMPARATIVE MEAN TEMPERATURE. 1873
23 24	30.349 30.331 30.164 30.080 29.973 29.901 30.183 30.228 30.190	45.8 53.2 57.9 58.3 70.5 69.5 56.0 59.2 63.1	55·5 60·0 67·1 60·0 76·5 77·2 62·5 67·1 70·5	36.0 43.0 54.8 52.9 59.0 62.5 47.8 50.2 54.3	.31	1875

M. HERMAN, Sergeant, Signal Corps, U.S.A.

MORTALITY IN NEW ORLEANS FROM FEB. 21ST, 1885, TO MARCH 21ST, 1885 INCLUSIVE.

Week Ending.			Consump- tion.			
Feb. 28th	0 0 0	8 6 2 9	18 18 18 26	0 0 0	11 22 24 13	127 14(12), 143
Total	0	25	80	0	70	544

LACTOPEPTINE,

The most important remedial agent ever presented to the Profession for Dyspepsia, Vomiting in Pregnancy, Cholera Infantum, Constipation, and all Diseases arising from imperfect nutrition.

LACTOPEPTINE precisely represents in composition the natural digestive juices of the Stomach, Pancreas and Salivary Glands, and will, therefore, readily dissolve all foods necessary to the recuperation of the human organism.

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We regret that we are compelled to caution the profession in prescribing Lactopeptine, but very careful investigation has proven to us clearly the necessity of it.

Substitution of cheap and worthless compounds are being made in many cases where Lactopeptine is prescribed.

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Lactopeptine has always been kept strictly in the hands of the Medical Profession, never having been admitted in any publications but Medical Journals. It is prescribed by the most intelligent and educated physicians in all parts of the world, and there are but few physicians who have ever used Lactopeptine that will not agree with the late Prof. L. P. Yandell, when he says: "Lactopeptine is one of the certainties in medicine, and in this respect ranks with Quinine."

In the various forms of Dyspepsia, in Vomiting in Pregnancy, and in Mal-nutrition of children, there is no known remedy so positive in results.

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(SYR: HYPOPHOS: COMP: FELLOWS)

Contains THE ESSENTIAL ELEMENTS to the Animal Organization— Potash and Lime;

The OXYDIZING AGENTS-Iron and Manganese;

The TONICS-Quinine and Strychnine;

And the VITALIZING CONSTITUENT—Phosporous, Combined in the form of a Syrup, with slight alkaline reaction.

IT DIFFERS IN EFFECT FROM ALL OTHERS, being pleasant to taste, acceptable to the stomach, and harmless under prolonged use.

IT HAS SUSTAINED A HIGH REPUTATION in America, and England for efficiency in the treatment of Pulmonary Tuberculosis, Chronic Bronchitis, and other affections of the respiratory organs, and is employed also in various nervous and debilitating diseases with success.

ITS CURATIVE PROPERTIES are largely attributable to Stimulant, Tonic, and Nutritive qualities, whereby the various organic functions are recruited.

IN CASES where innervating constitutional treatment is applied, and tonic treatment is desirable, this preparation will be found to act with safety and satisfaction.

ITS ACTION IS PROMPT, stimulating the appetite, and the digestion, it promotes assimilation, and enters directly into the circulation with the food products.

THE PRESCRIRED DOSE produces a feeling of buoyancy, removing depression or melancholy, and hence is of great value in the treatment of mental and nervous affections.

From its exerting a double tonic effect and influencing a healthy flow of the secretions, its use is indicated in a wide range of diseases.

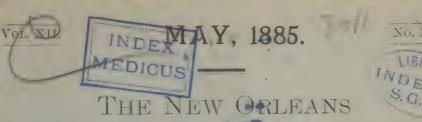
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48 Vesey Street, - NEW YORK.

Circulars and Samples sent to Physicians on application.

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MEDICAL AND SURGICAL JOURNAL.

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Hew Series—Published Monthly at \$3 per Annum, in Advance. Single Copies, 30 Cents.

> Paullum sepulta distat inertia Celata virtus,--Horace.

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> NEW ORLEANS: L. GRAHAM & SON, PRINTERS, 101 GRAVIER ST.

> > 1885.

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(See advertisement p. 16.)

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Tonga is a product of the Tonga or Friendly Islands, and has long been used as a domestic remedy by the natives of the Fiji Group. It was introduced to the notice of the medical profession by Drs. Ringer and Murrell, of London, England, who have made some very thorough and most satisfactory experiments as to its therapeutic value.

Tongolime is a combination of Tonga with powerful salicylates, whereby the remedial properties of the Tonga are secured and increased. Each fluid drachm of Tonga are secured and increased. Race most 2 grains; Sodium Salicylate, 10 grs.; Pilocarpin Salicylate, 1-100 grain; Colchicin Salicylate, 1-500 grain.

It is taken internally and intended to reach the cause of the complaint, not merely to allay the symptoms. Contains no opium in any form whatsoever. Is attended with no injurious nor unpleasant reactionary effects.

DOSE: Teaspoonful. In acute cases every hour until pain ceases, then discontinue. In chronic forms, four to six times per day at regular intervals. To prevent recurrence, every two hours.

St. Paul, Minn., Nov. 16, 1883.

I am prescribing Songware with satisfactory results. For the indefinite aches and pains of nervous patients it is superior to any other anodyne. For nervous headache or muscular rheumatism it is almost a specific.

PARK RITCHIE, M.D.

Cleveland, Ohio, July 30, 1883.

A have used your preparation, Tousquing, extensively, and have been well satisfied with its results. You are to be congratulated on the value of the article which you offer to physicians. sicians. R. A. VANCE, M. D.

Plainfield, N. J., March 11, 1884.

Have used savecatable constantly for some months both in private and hospital practice, and found it all I could have desired.

C. M. FIELD, M.D.

St. Louis, July 20, 1883.

I have found structure a useful combina-tion in rheumatic neuralgia.

O. H. HUGHES, M.D.

Louisville, Ky., June 12, 1883.

I have used **Source take** during the past few weeks in neuralgic affections, many of them in a severe form, with the most gratifying results, and these results have been quite uniform. T. S. BELL, M.D.

Cincinnati, March 11, 1884.

Have used Sougatime in cases of neuralgis headaches with success in almost every instance. In strictly neuralgic forms it is unexcelled.

O. D. NORTON, M.D.

MELITER, Sole Proprietor, ST. LOUIS.

NEW ORLEANS MEDICAL AND SURGICAL JOURNAL.

MAY, 1885.

ORIGINAL PAPERS.

Herpes Progenitalis.

BY LUCIEN F. SALOMON, M. D.

Read before the N. O. Medical and Surgical Association, February, 1885.

Herpes Progenitalis is a tropho-neurosis, manifesting itself in "an acute inflammatory affection of one or of several groups of vesicles [Duhring], occurring in the male, upon the preputial mucous membrane, the sulcus, the glans penis, or sometimes but very rarely, upon the skin of the prepuce; and in the female, upon the labia minora and majora, and the skin of the vulva.

The disease is common in men after the age of puberty, being less frequent after the age of 40, and is frequently observed in women, although Duhring and others state that it is rare in the female, and Greenough asserts that he has never seen a case.

That it does occur frequently in the female sex is shown by the following statistics of the Hamburg General Hospital, as given by Dr. G. Unna.

During the four years, 1878 to 1881, inclusive, there were admitted into the female venereal department 5556 patients, of whom there were affected with:

416	Original Papers.	[May,
Her	oes labiorum et pudendi	286
Her	pes perinaei et ani	135
Herp	pes vaginæ	2
Herp	pes progenitalis	423

making a total of 846 cases of herpes situated either upon the genitalia or their immediate vicinity, or over 15 per cent. of all cases admitted for venereal affections.

That so many cases are observed in Europe while dermatologists in this country record so few cases or even deny its existence is easily explained. In Hamburg, particularly, owing to weekly or semi-weekly inspections of all prostitutes, all women presenting symptoms of venereal disease are sent to hospital for treatment, and as Dr. Unna, very conclusively shows it is this class of women who are particularly liable to attacks of herpes progenitalis, for reasons of which mention will be made further on.

In this country there is no such system of inspection and women becoming subject to a herpetic eruption, which heals spontaneously without treatment in a few days, do not seek medical advice, and consequently, the cases escape observation. [Von, Barensprung goes even farther, and says that "this affection is observed perhaps still more frequently in women" than in men.

In France it has been frequently observed in women, and has been the subject of numerous monographs. As far as my limited experience goes while I have seen numerous cases in men, I have seen but one case in the female and this was a prostitute.

Although all present to-night are familiar with the appearance of the eruption, a description of its features may not be out of place, with a view to noting its distinctive characteristics, and its differential diagnosis from chancre and chancroid.

At the beginning of an attack there is usually a tingling sensation, or sense of heat followed in a short time by more or less pain. Soon one or more vesicles appear,

"situated upon a tumid hyperæmic base" [Hyde]. The vesicles through friction may rupture, and the result is superficial excoriations which soon heal. While the vesicles preserve their form the diagnosis of herpes is easily made, for we have what we do not find in either chancre or chancroid, a vesicle or group of vesicles, containing a translucent fluid, and situated upon a tumid hyperæmic base, the area of hyperæmia being usually well-defined and prominent, and often, when upon the prepuce or labia minora, a surrounding ædema. After the vesicles have ruptured the differential diagnosis may not be so easily made, for there may be ulceration, although this is very rare. But if we will carefully inquire into the history of the case, and keep the patient under observation for three or four days the diagnosis will be easily made. Chancre will be diagnosed by its indurated base, its period of incubation, the clearly defined cup-shaped ulceration and the absence of the itching or smarting which always accompanies an outbreak of herpes. Besides, herpes generally appears in one or more groups of vesicles while chancre is as a rule unique.

Chancroid, while approaching more nearly to herpes in its period of incubation, is from the first ulcerative, and usually accompanied by sympathetic inguinal adenopathy, while the appearance of herpes after rupture of the vesicles is that of a simple non-ulcerative excoriation, never penetrating into the deeper layer of the membrane and on a level with the surrounding tissue.

Where there is any doubt as to the diagnosis it is always well to withhold an opinion, for a few days will determine the nature of the affection. To call a case of herpes chancre, or vice versa, would in either case tend to cause the patient to question the diagnostic ability of his physician, he not appreciating the difficulties which sometimes present themselves in the way of making a positive diagnosis.

By thus temporizing when in doubt the patient loses nothing in the way of treatment and the physician will es-

cape both evils of either causing his patient unnecessary alarm and anxiety, or calling his disease a benign affection, when in reality the opposite is the case.

Herpes Progenitalis is an affection of comparatively frequent occurrence, although many cases may escape observation owing to the fact that the persons so affected are frequently cognizant of the nature of their trouble and do not seek medical advice.

Of the cases of skin disease which I have had under treatment during the past year, herpes constitutes over 5 per cent. At the recent meeting of the American Dermatological Association, held in August, 1884, the report of the committee on statistics shows, that of 9329 cases of skin diseases, there were 113 cases of herpes progenitalis.

Some individuals are peculiarly prone to this affection and when once attacked there is almost a certainty of recurrence and we find many persons who are subject to an attack after almost every coitus. Concerning the cause of the disease there appears to be quite a diversity of opinion among observers, but as I began by stating that it is a tropho-neurosis, I believe that it is solely and entirely due to irritation produced by sexual intercourse. Duhring claims that we will generally find the subjects to have suffered with one or another form of venereal disease, while others state that it is just as often observed in those who have never been so affected. My observations lead me to concur with the latter, for I have seen young men, suffering with this disease, who assured me that they had never been so affected. That these diseases may leave the parts with a tendency to herpes may be true, but that they are the essential factors in its causation is questionable.

The cause of herpes, then, may be said to be congestion or irritation produced by sexual excitement or coition. We find that an attack of herpes always follows within 24 or 48 hours after sexual congress. I have never seen a case which failed to give this history, and the very com-

plete and admirable paper by Dr. Unna upon herpes progenitalis in women points to this as the cause of the disease. For a clear exposition of this portion of our subject we cannot do better than quote Dr. Unna, as follows: "We have obtained" he says, "an approximate view of the frequency with which this disease appears in women. This result does not apply to women in general, but on the contrary, herpes progenitalis is a very rare affection. Otherwise it were incomprehensible that gynecologists in practice meet with it rarely, or not at all, and my experience of late years, during which time I have seen a considerable number of venereal genital maladies, coincides with theirs, I not having met with a single instance. It is now evident that the conclusions arrived at (by some) "are correct in so far as the general rarity of herpes vulvæ is concerned; but on the contrary, the conclusion that women as such, are therefore less susceptible of being thus affected is erroneous. Indeed, herpes progenitalis is found more frequently in women who are only distinguished by their vocation than in men. The exciting cause which induces virile herpes is usually absent in women, but when this is present (as in public women), herpes is frequently found; for women, herpes is, so to say, a vocational disease." I agree with Unna, that the conditions to which these women are subjected, "gives us a clearer view of the etiology of the disease under consideration." If then we find that, in women, excessive sexual irritation is the sole cause of herpes progenitalis (we are not considering the herpetic eruption which sometimes occurs at the catamenial period), may we not look to this as the cause also in the male.

While it may not be always due to excessive sexual indulgence (for we often find men who owing to an unnaturally long prepuce or other causes, have a peculiarly sensitive mucous membrane), still I think we can look upon sexual intercourse as the exciting cause of the disease; or, in other words, an excessive congestion, be it physiological or otherwise of the genital organ, will always be found to be the precursor of an attack.

Uncleanliness, an over-long prepuce, excessive secretion, etc., all of which have been accused of being the cause of the disease, are agents in its production only by increasing the sensitiveness of the parts, so that irritation and hyperæmia causing pressure upon, and irritation of the ramus dorsalis penis, give rise to the eruption in the same manner as irritation of the intercostal nerves, will produce zoster or irritation of the branches of the trifacial will produce herpes facialis or labialis. That, other things being equal, some are more liable to attacks of herpes than others is difficult to explain, unless we look to the "general disposition."

That this is an important factor in many diseases is universally acknowledged.

As to treatment very little may be said.

In the first place, if seen in time we should try to guard against rupture of the vesicles. For this purpose, protecting them with a small pledget of absorbent cotton will frequently answer, and the disease will get well spontaneously in a few days.

After the vesicles have ruptured, I find the best of all applications to be a powder composed of equal parts of iodoform and subnitrate of bismuth.

Ointments ought never to be used about the glans penis, for they serve to retain the secretions and give rise to disagreeable emanations. Lotions are difficult of application, and require frequent renewals, and for these reasons I prefer to use a dry powder as above, which is easily applied and as easily washed off, and renewed as frequently as is necessary

As a prophylactic, perhaps the best treatment is frequent washings of the parts with some astringent lotion, preferably a solution of tannic acid, for the purpose of rendering them less sensitive; or, if the prepuce is long, causing the retention of smegma, circumcision should be performed.

While viewing herpes progenitalis as a trifling disease, we should not forget the fact that what may be a simple herpes to-day, may be a syphilitic infected spot to-morrow, owing to unclean intercourse. That the initial lesion of syphilis is ever a herpetic eruption, it is hardly necessary to say is irrational, but that herpes may be the seat of syphilitic infection is beyond a doubt.

But this portion of the subject to be discussed to-night, has been placed in abler and more experienced hands.

Artificial Drum-Heads for the Ear.

By W. C. Ayres, M. D., of New Orleans.

Before making the remarks which will be found later on about artificial drum membranes, I wish to relate a few cases from my practice, in which this seemingly insignificant little piece of mechanism has been of the greatest utility and comfort to the patient.

Case I. Miss R., at. 25, had had scarlet fever in her early infancy. Her father informed me that at that time the ears ran profusely for about a year, when they gradually got better, but continued to run a little for several years longer. She seemed to lose her hearing "from the first," nor did she regain it for some years. The child grew up a semistupid kind of creature, who learned to speak but poorly, and all care and medication seemed to do her no good. Such was the case up to her tenth year, or there about, when her tather took her North, and some one, whose name he had forgotten, put in one of Toynbee's artificial drum membranes in each ear, which seemed to work admirably. "Before, she could only hear when spoken to in a loud tone of voice with the mouth close to the ear; but after the drum-heads had been inserted she seemed to hear almost as well as the rest of the children."

He brought the young lady to me to see if I could not do something for her which would relieve her of the necessity of continually wearing these artificial drums, and having to keep a supply constantly on hand. He was induced to do so from the fact that she had lost one of the only pair she had left a short time before, when she remained as "deaf as a post" in that ear, until he could procure another supply for her.

Status Præsens. The young lady is about 25 years of age and seems to be far above the average of her sex in intelligence; and of as light-hearted a disposition as possible. I asked her to remove the drum-heads, and on inspecting the middle ear I found that there was not a sign, not even the remnant of a drum membrane in either ear. The ossicles were missing, and by careful inspection I could see only the smallest remains of the oval-plate of the stirup in the oval window The annulum tympanicum osseum, or rather its cartilaginous ring, was to be made out, but between it and the promontory there was nothing intervening—not even the chorda tympani nerve, although this must have been intact, since there were no symptoms of facial trouble.

The annulum tympanicum osseum was unusually large, so that I could get a comparatively good view of both the oval and round windows, and strange to say, they were apparently in a perfect state of preservation.

Her bone-conduction was good for the tuning fork, and also for a loud-ticking watch.

Without her artificial drums she could only hear the loudest voice close to the ear. It was really painful to talk to her; so much so that I frequently had to replace one of her artifical drum membranes to make her understand me. Without these membranes her face (which was very pretty) had a peculiar, listless, stupid expression, but with them her expression would brighten remarkably and she could hear ordinary conversational tones at twenty feet with ease. The orthodox tone that I have acquired in testing hearing, which ought to be heard at sixty feet, she heard, at forty feet.

She had learned to put in the membranes with the utmost

ease, in fact just as readily as she would adjust a ring on her finger.

I was curious to know just the position in which she placed the rubber disc in the external meatus and therefore measured the depth it was in, on the little wire attached to the rubber disc (Toynbee's artificial drum membrane). I then measured off the distance in the meatus and found it to be just at the tympanic ring.

I examined the canal with the membrane in situ by letting the wire run through the hole in the speculum and found that the rubber disc fitted the inner end of the canal pretty snugly, with the exception of the small space above usually occupied by Schrapnell's membrane.

This is an ideal case and I have, therefore, related it at some length, as it certainly gives material for mature thought in connection with the subject under consideration.

However, later about this.

Case II. Mrs.K, at. 55, had been "hard of hearing" for 20 years. On the one side she could hear a moderately loud voice close to the ear (right ear). With the left she could not hear so well. She came to see if something could not be done for her "good ear" (right), saying that the bad one was entirely gone.

On examination I found she was suffering from the usual form of chronic aural catarrh with its concommitant naso pharyngitis chronica. No improvement whatever with any of the methods of inflation of the inner ear with air, and I therefore told her I could do her no good.

However, on examining the bad ear I was delighted to find that there was a hole in the membrana tympani, out of which was peeping and spreading over the membrane a crop of granulation tissue. I immediately told her my hope was in her bad ear, and suggested that she put herself under treatment for a time to see what benefit could be done her. She consented.

She related to me, however, before, that the bad ear had

been her good ear up to sometime past, but had waned and become absolutely useless. She thought that its hearing had gone, never more to return.

I removed as much of the granulating tissue as I could without destroying any of the remaining drum membrane, and then commenced to attack what remained of the granulations in the usual way, by solutions, and had the satisfaction of seeing it gradually diminish. As this result was reached she commenced to hear better and better, until, to encourage her, I placed a moist cotton pellet over the large hole in the drum cavity, when she could at once hear me converse in an ordinary tone of voice at about 2—3 feet.

I have her still under treatment, and her improvement seems to keep pace with the disappearance of the mass of tissue in the tympanic cavity, which must, of course, intercept vibrations in a direct ratio to its own bulk.

Case III. Mrs. S., at. 43, from Texas, came to me reently with a history of previous suppuration in both ears from bathing in the Gulf of Mexico. Had been "very hard of hearing for about two years and nothing seemed

to do her any good."

I inspected her ears and found large openings in both drum-membranes, but no running—on the contrary both the canals and the tympanic cavities as well as the small remains of the drums were dry and hard. I cleansed the ears as thoroughly as possible and noticed that there was a peculiar whitish appearance about the promontory. I then set about using means of softening the tissues, and partially succeeded, but still the whitish appearance remained.

On feeling the covering of the promontory with a blunt probe, it was hard as if it were covered by ciccatricial tissue, or at least tissue in a sclerotic condition. I grasped it with a pair of forceps and it was very resisting. I had but little hopes when the moist cotton pellet was adjusted (one part glycerine and three parts water) nor indeed was I wrong in my mental prognostication—for it did no good—at least none that I could detect, although the lady said she

heard the noise of passing street cars much better. This last statement attracted my attention, and I tested and found that, although she could hear the voice but a shade better, her perception of sounds like the rattling of wagons over the stone pavement were quite acute.

I tried ever so hard, but had to tell her at last that I could do her no more good, since the original trouble had left her ears in such a condition that they were not amenable to treatment.

As a peculiarity in this respect of hearing some kinds of sounds and not others, I take the liberty of inserting a very peculiar case which does not properly belong here.

It was that of a young woman, aged 17, a professional musician who played first violin in one of our female orchestras. Her father brought her to me, and on examination I found that she had no external canals at all, and was informed that the condition was congenital. She could hear but poorly, and was very liable to misunderstand when spoken to in the loudest tone of voice close to the ear. She had never learned to speak fluently and conversed more like a child than a woman. It being peculiar that she could learn to be such a fine musician (for a fine one she was) and at the same time hear the voice so badly, I requested her father to bring his instruments to my office and let me examine his daughter further. She had an acute perception for musical notes from the lowest to the highest, and would readily call out a note sounded on an instrument in the reception room when the door was closed between that room and my office proper, in which latter room she, her mother, and myself were seated.

She seemed to be happy and I told the father that where as I would operate on her with the greatest pleasure, I would not advise him strongly to have the operation done unless her condition became a burden to herself.

We will refer to this case also later.*

If we examine the conditions presented in these cases we will find in the first one that there were no ossicles in the ear, and therefore no solid parts whatever to transmit the sound vibrations from the artificial membrane to those of

^{*}For the following remarks, a further relation of cases is not necessary.

the oval or round windows which lead to the semi-circular canals and to the cochlea respectively—but nevertheless with the artificial drum-membrane placed just at the osseous ring-or in other words, some distance from the promontory, the patient heard better than any one has any right to expect in cases where artificial drum-membranes are used. The usual acutness of hearing (H||20-60) is found to be that by which the patient can hear the voice at twenty feet. This patient heard it at forty. There was in her case a safety valve in the shape of a small hole or space between the rubber disc and the natural tissue just where nature has furnished a like apparatus in the shape of Shrapnell's membrane. Without this we can never hope to get the hearing above twenty feet, since the column of air inside of the drum cavity can not vibrate or transmit vibration with a sufficient degree of facility for obvious reasons. That we can never hope to get it above this degree of perfection, with such a drum-membrane we have, in the fact of the difference of facility of transmission of vibrations from one membrane through a closed cavity, to another membrane by means of air, alone, and by means of interposed solid substances like the ossicle of the ear in its normal state.

The probable reason why a person hears better with an extra drum-membrane placed in his ear when his natural outer one has been destroyed, is that the cavity thus inclosed between his artificial drum-membrane and the membranes in his oval and round windows, acts as a resonator, just in the same way that an ordinary drum which we beat with sticks gives out a much louder sound when it has two heads than when it has only one.

If we look into the second case, we will see that the lady not only had a defective drum-membrane, but she also had a heavy load of granulations pressed against her inner drum-membranes which prevented them from vibrating as they should in order to convey sounds to the terminal nerve filaments of her auditory nerve, thereby enabling her

to form definite conceptions of what was taking place in the outer world. And she was fortunate enough to have those inner membranes in such a condition of preservation as to vibrate properly when the load was removed from them, and an artificial outer drum-membrane adjusted in her external canal. Not so however with the next case, for here we find that the artificial membrane did but little good. For its failure, we have, however, a plausible reason ready at hand.

As before remarked, the tissue over the promontory was in a sclerosed condition, and is it not probable that this condition extended also to the edges of the round and oval windows, or even implicated the membranes over these windows to such an extent as to make them thick and hard, and therefore unfit to perform their functions of vibration?

We see this same thickened, rigid condition but too often in the membrana tympani, and know but too well its deleterious effects on the hearing of the unfortunate patients in which it exists.

The laws of vibrations and their transmission are immutable, and a vibrating apparatus will always produce the same effect from the same cause. And therefore we would have a like beneficial result in all cases where the same conditions of adaptability present themselves.

But the existence and transmission of vibrations is one thing and the ability of an animal tissue to transmit them to another tissue which can take cognizance of them is another.

Just here we find the reason why it is that some patients are benefited by an artificial drum membrane when they have lost their natural one, and some are not.

Certainly not in the fact that the adjunct does not perform its duty, (always providing that the adjustor has the requisite amount of skill to make it and place it properly), but in the fact that the previous disease has so altered the other parts of the ear as to render them incapable of doing their duty. I say this because some authors write that they have no confidence in the artificial drum membrane. The whole profession is at war over the usefulness or non-usefulness of the little thing, and have been since 1848, when Yearsley first recommended the moist cotton pellet as an artificial drum membrane to aid those who had lost their natural tympanic membrane.

Then another impetus was given to this war when Tornbee, in 1853, recommended his India-rubber disc for the same purpose.

From these two dates to the present time there has been, and is still, the greatest diversity of opinion among aurists, and simply because, in my opinion, they have not appreciated the difference between the conditions in which the thing ought to be of service, and in which it could not possibly be of use.

Let me quote a page from Knapp (Archiv. of Otology, Vol. X., No. 1, page 60).

The early authors on the subject of the artificial drummembrane, viz: Yearsley, Toynbee, Troltsch, Politzer, Moso, Lucæ and others, were very sanguine about its efficacy, and spoke of many, or very many cases in which an artificial membrana tympani had considerably increased

the acuteness of hearing.

Then a period of reaction set in, in which only exceptional cases some value was ascribed to artificial drumheads. This period is not yet over for, unles I am mistaken, the artificial drumhead is only rarely resorted to, or, if tried at all, laid aside after the first unsuccessful attempts. Dr. C. E. Hackley, of New York, says: This little appliance does not seem so generally used as it deserves. Dr. A. H. Buck, in his recent, very valuable textbook probably expresses the present opinion of the majority of aurists, and up to a year ago, it was also the opinion of the present writer (Knapp), in the brief mention he makes of the subject as follows: So far as the symptoms of deafness are concerned, a certain degree of relief may be obtained in a few cases by the wearing of Toynbee's artificial drum-membrane.

I (Buck) have not seen more than four or five cases in

which this contrivance or some substitute for it, materially increased the acuteness of the patient's hearing. At the same time, I must confess that my lack of faith in its efficacy has led me to test its virtues in comparatively few cases. Furthermore, the presence of such a foreign body in the meatus, and in close contact with the drum-membrane, or with the stump of the manubrium malei, is very annoying to the great majority of patients. (Q. E. D. Ayres.)

Dr. Hackley (Archiv. of Otology, VIII, p. 228, 1879), says "the best instrument that we at present have is Tcynbee's artificial membrana tympani. This is, however, flatly contradicted by Dr. C. H. Burnett, of Philadelphia, who begins his very interesting paper on "Uninterrupted wearing of cotton-pellets as artificial drum-heads" (Am. Jour., of Otology, II, p. 14, 1880), in the following words:

"There has never been but one useful kind of artificial drum-head, and that is the cotton-pellet of Yearsley."

This statement is too sweeping, for, apart from many well authenticated cases, I know that Toynbee's drum was used in a case two years ago (1879), with lasting benefit. Nevertheless, I must confess that I (Knapp) personally, have not had much good luck with the rubber disc, but the cotton-pellet has given me great satisfaction, etc.

The same experience has been made by other observers, and among them I take particular pleasure in mentioning Troltsch, for his remarks on the artificial drum-membrane in the newest edition of his valuable text-book are very clear and instructive. (Fifth Edition, pp. 402, 873.)

He says: "After having become acquainted with Hassenstein's little cotton-forceps, I have almost completely abandoned the use of the artificial drum-membrane proper.

A number of patients wear the cotton-pellet for years with constant relief of their deafness, and material benefit as to suppuration."

Il would here remark that Toynbee's apparatus, is simply a round rubber disc with a small piece of wire attached to its centre as a kind of handle for putting it in and removing it. The cotton pellet is made by taking a small piece of absorbent cotton, flatening it out and making it about the size of the external canal of the ear, near the attachment of the membrana tympani to the osseous ring. Moisten the

cotton with glycerine and water (1:3) and gently push it into the ear until it lies at the seat of the natural tympanic membrane or further in. Sometimes it will not be properly adjusted and it must be carefully moved about until the patient says he can hear well. The patient is in all cases the best judge of when the pellet, or disc is in proper position or not.

As to the controversy about the comparative merits of Toynbee's and Yearsley's artificial drum-membranes it is probable that the difference in their effects lies not in the contrivance of either author but in the manner in which they are adjusted. It is not the peculiar material after all of which the thing is made which we care for, since we simply want something that will vibrate like a membrane, and the efficacy of that something will depend more upon the condition or shape of the surrounding parts, and the care with which it is adjusted, than upon any kind of material used.

There is, however, this to be said about the cotton pellet which is certainly in its favor: it has a decidedly beneficial effect on the condition of suppuration, and it can be worn a long time without any discomfort whatever, and if the patient remains any time with the surgeon, he can be taught to make the pellet for himself and also how to put it in and take it out. Again, wherever he can lay his hands on a piece of cotton, he can readily manufacture an artificial drum-membrane for himself without having to wait until he can send and buy one from a dealer in such articles.

I myself have never been able to make up my mind which of them is the best for acoustic purposes, since by careful adjustment I have generally had about the same results with both of them. But in all cases, it has been my rule to use both, since sometimes one and sometimes the other is more easily managed by the patient at his home.

As to the method by which they work or the manner in which they cause vibrations to be transmitted to the inner ear, I have heard all sorts of fanciful explanation from

men of the highest standing. But none of them (as far as I know) attribute their virtue to any possible vibration they can have in themselves, and it may be that just here is where they fail to understand their acoustic properties.

I am informed on good authority that if we attach the two ends of a wire conducting the galvanic current of a telephone to the two sides of a box of tacks and talk at the tacks, the voice will as certainly be heard in the reciever of the telephone, held close to the ear of another person miles away, as if the finest membrane in the world had been used instead of the tacks. For such to be the case there must not only be vibrations in that box of tacks, but they must be of the most complex and delicate kind. If a box of tacks can vibrate in this wonderful manner without any previous arrangement whatever, surely a disc of rubber or cotton will certainly vibrate as well, if not better.

In fact, it is the only possible method for the artificial membrane to act; for it is evident that in order to be able to transmit vibrations it must vibrate itself, and further, it would be impossible for it to impart to anything else vibrations which it never had itself. We therefore have the simplest explanation in the world. The artificial membrane vibrates and communicates its vibrations to the air between it and the membranes of the inner ear. The space between the artificial and the natural membrane acting as a resonator.

In conclusion, we will state again that the probable reason why some authors deny the benefit of the artificial drum-membrane is, that either they have not adjusted it properly, if they have used it at all, or they have been so unfortunate as to try it only in cases where the disease which rendered the membrana tympani defective had also left the other inner membranes of the ear in such a condition that they could not vibrate, leaving the patient in virtually the same fix as he would be in, if he had no inner membranes at all.

Therefore, we should try the artificial drum-membrane, in some form, in every case of defective hearing with an incomplete membrana tympani, for vibrate it certainly does, and if the inner membranes of the ear are in a proper condition to appreciate these vibrations, the patient will certainly be benefited to such a degree that his whole life will be so changed that instead of being a misanthropic suspecting individual he will be transformed to a person who will not only be a comfort to himself and his friends instead of a bore, but also to one who may become a useful member to society at large, as I have often seen myself.

In connection with the capability of the inner membranes of the ear appreciating vibrations which are sent to them. I cannot pass by without remarking, that he who finds some sure method of determining their true condition, in cases of long standing chronic aural catarrh, will achieve something which will render him immortal.

All aurists have cause to regret that they can do nothing for the aleviation of deafness from chronic inflammatory processes in the nose, throat and ear. In this condition it is easy to observe with the otoscope that the membrana tympani is sunken and rigid, with a probable ankylosis of the ossicles; but if this were all we could easily remove the drum membrane and the bones of the ear, adjust an artificial drum and restore a useful amount of hearing. But we must first be able to determine that the remainder of the structures of the middle ear are ripe for such a proceedure.

I have done this operation a few times myself, but must say that only in one case has the result justified any enthusiasm over it on my part. In this case I was led to the operation by a constant worry of the patient from very distressing tinitus aurium. He said that life was a burden to him, and besought me to do something to stop the noises, even if it made him deaf for life.

Believing that his subjective noises were the result of pressure, I determined to destroy a part of his external

drum membrane, to relieve this pressure. In this I was successful, and also had the pleasure of keeping a hole in his membrana tympani.

After a time I put in a cotton pellet and he could hear the voice at about ten feet.

In other cases the operation did little or no good, and probably from the fact that the oval and round membrane had suffered too much from the previous disease. This, however, I could not substantiate, because I could not get a view of these membranes. The subject is one which certainly admits of closer study.

For fear that some of us may not have had any experience at all with the artificial drum membrane, and to make the paper more "practical," I take the liberty of tacking on a set of rules for its use given by Prof. H. Knapp, of New York, (Archiv of Otology, Vol. X., No. 1, page 68).

- 1. Cotton pellets, moistened with glycerine and water (1-4) and worn as artificial drum-heads, are a great aid to hearing in many cases of partial or total defect of the natural drum-head, with or without otorrhœa.
- 2. Their therapeutical action in arresting profuse discharge on the one hand and preventing the mucous membrane of the drum-cavity from drying up on the other is most valuable.
- 3. They protect like the natural drum-heads, the deeper parts of the ear against injurious influences of the atmosphere.
- 4. In some cases they are quite indispensable, and may be worn for a lifetime with permanent comfort and benefit.
- 5. In other cases they are needed only periodically according as the copiousness of the discharge or the exsictation of the mucous-membrane requires their action in one or the other direction.
- 6. The period during which a pellet may be left in the ear, varies with the condition of the parts. They should

be changed frequently, i. c., every day, or every few days, so long as the discharge is abundant or offensive.

When there is no discharge, they may be left as long as they are comfortable, and the hearing is good. So far as my experience goes, they are apt to become unclean in a week or two. They ought then to be removed, the ear cleansed either with dry cotton, or cotton steeped in warm soap-suds, and new pellets introduced.

7. The management of the ear-disease should remain in the hands of the physician until a satisfactory condition either of slight or no discharge has been reached. During the time the patient is under treatment, he can be taught to clean his ear, and how to remove and replace the pellets.

Being so thoroughly, satisfied that many unfortunate people are at large who are virtually deaf, but who could be easily made to hear at once by a judicious use of the artificial drum-membrane, the author of this paper would feel himself thoroughly repaid for his trouble, if it could induce those who are interested in persons who are deaf after having had running of the ears, to try the artificial drum-membrane in each and every case, whether any benefit come from it or not.

More Examples of Yellow Fever "Impositions."* By Stanford E. Chaille, M. D.

The following facts deserve recording in order to guide the historian of yellow fever, to warn sanitary authorities against undue credulity, and to illustrate anew the time and labor frequently required to hoist truth from out the bottom of that well where it often lies concealed.

In New Orleans in 1882, three cases of undoubted yellow fever died in one limited locality. Whether the disease

^{*}This article is a continuation and the conclusion of an article on "Yellow Fever in Vera Cruz and Colon in 1882," etc., published in the Jan. No., 1884, of the N. O. Med. and Surg'l Fournal, and in the Feb. No. 1884, of The Sanitarian of New York.

was imported from Havana by the Marco Aurelio, or from Colon in the ballast of the Ile Marthe was doubtful. The latter view was condemned with considerable indignation by the Board of Health of the State of Louisiana, which, it should be noted, has been, since April, 1884, in totally different hands. Bearing on this subject, the An. Report for 1882 of the Louisiana Board contains the following:

Seven pages (234-241) record much evidence to prove that there was no yellow fever in Colon, in 1882. Among other witnesses the U. S. Consul, James Thorington, says "that there has been no yellow fever there for the past ten years, except two years ago last May." Another consul, a doctor, several newspapers and the President of the Board of Health at Panama, Dr. Wallis, are all quoted in full and to such effect that the Louisiana Board drew therefrom these conclusions:

"From the preceding courteous and valuable communication of President Daniel Quijano Wallis, it is evident that during the spring, summer and autumn up to the 13th of October [1882], the actual sanitary condition of the ports of Panama and Colon was good, and that they were free from such epidemic and contagious diseases as small pox and yellow fever.

"Even if the ballast, which was accused by the representatives of the National Board of Health and the Medical Director of the New Orleans Auxiliary Sanitary Assoriation of engendering yellow fever in New Orleans in 1882, had been received from Colon (which it was not), the testimony of the men best able to settle this question proclaims the absence of yellow fever from both Panama and Colon (Aspinwall).

"The ballast of the *Ilc Marthe* was taken aboard in the port of Cardenas, Wales, and not in the port of Panama, as shown by the records of the Mississippi Quarantine Station and of the United States Custom-House."

These quotations show that the Louisiana Board main-

tained that the ballast of the *Ile Marthe* did not come from, and that there was no yellow fever at Colon, and therefore that said ballast could not be infected. The results of these conclusions were, that said ballast was discharged in June upon a wharf in a thickly settled locality; that some of it was used, a few days thereafter, to repair streets: that, two days after the discharge, the first case of yellow fever occurred in a house very near the pile of ballast: that this ballast was denounced as suspicious: and that, thereupon, the Louisiana Board exonerated itself from all blame by such statements as those above quoted.

Facts will now be presented in proof, first, that there was yellow fever at Colon; and, second, that the ballast of the *Ile Marthe* did come from Colon and not from Wales.

Having been assured that Dr. Wallis was a reliable gentleman and worthy of his official post, I was induced to examine critically the official document which the Louisiana Board designated "the preceding courteous and valuable communication of President Daniel Quijano Wallis." This document is published in Spanish by the Louisiana Board, and, on reading its translation, I was, in view of the statement of its contents made by the Louisiana Board and quoted above, exceedingly surprised to find that what Dr. Wallis really said, October 13th, 1882, was as follows: "The actual sanitary condition of the ports of Panama and Colon is, generally speaking, good, as there does not prevail at present, any one of the usual epidemic diseases; it being a well known fact that small-pox, vellow fever and the malarial fevers in their numerous varieties and forms are never missing in these intertropical regions, where they are truly endemic." My interpreter absolutely refuses to translate the original Spanish of this sentence, into "the absence of vellow fever from both Panama and Colon."

Farther, a resident physician of Panama, and an ex-

member of its Board of Health, published November, 1884, the following:

Yellow fever " is and has been endemic since the epidemic of 1868. There were many deaths in Colon in 1882 from it, as well as a number among the shipping. Of twentyseven cases admitted to the Canal Hospital there, from June to October of 1882, it is said, on excellent authority, that eighteen died." A well informed and, as I have reason to believe, a thoroughly reliable correspondent has added to the above the following evidence: There were in the Canal Hospital at Colon, May-September, 1882, 20 cases of genuine vellow fever, of whom 19 died; Dr. Seary, an American, died in May; the lady Superintendent of the hospital died in July; and there were numerous cases in the shipping. Dr. Hitchcock having attended three cases on one vessel. Assurance was farther given that there were cases of vellow fever at Colon, in every month beginning with May, and that the difficulty of securing the truth resulted largely from the fact, that the truth conflicted with the interests of the Canal Company the influence of which now predominates on the Isthmus.

Although, I, as an officer of the National Board, and some others contended in 1882, that probably yellow fever was present in Colon and that the ballast of the Ile Marthe did come from there, and therefore, that measures to prevent the importation of infection should be vigorously enforced, none the less, it has taken two years to secure the facts which have been and are to be stated. Those already stated seem to prove conclusively that there were many cases of vellow fever in Colon and its harbor in 1882. there having been not less than 29 cases solely in the hospital. Yet, during the period of their occurrence, the evidence was such as not only to induce the Louisiana Board to maintain that there was no yellow fever at Colon, but also to induce the State Quarantine officer to report to said board, September 19th, 1882 (see p. 278, Annual Report). as follows:

"During the past twelve months, the existence of a single case of yellow fever, at Colon or its surrounding country, has not come within my knowledge, and, furthermore, I am thoroughly satisfied, if there had been a case, I would almost certainly have heard of it, as I have availed myself of every opportunity to question various persons arriving from Colon in regard to this particular disease, not to speak of the bills of health of the U. S. Consul (a most reliable authority), all of which have been clean. The ship Ile Marthe is one of the cleanest sailing vessels arriving at this port, and, as far as I could learn from her captain, has never had any contagious or infectious disease on board. She had 400 tons of ballast on board upon her last arrival at this station; 100 of which was iron and 300 rock."

From whence came this 300 tons of rock-ballast which gave rise to so much discussion and recrimination?

The Louisiana Board officially declared, that "the ballast of the Ile Marthe was taken aboard in the port of Cardenas, Wales, and not in the port of Panama [should be Colon], as shown by the record of the Miss. Quarantine Station, and of the U. S. Custom-House." Whatever may have been recorded at the Custom-House and at the Miss. Quarantine Station by the State officer, it is none the less true, that the quarantine officer of the National Board of Health, at said station, was informed by the officers of the Ile Marthe that the 300 tons of rock-ballast came from Colon, and he so recorded it in his official report, which was sent both to the National and to the State Board. Does experience justify the supposition that the officers of the Ile Marthe made a false statement immediately on the arrival of the vessel and at the time it was unsuspected, and, subsequently when the vessel became suspected, that these officers then corrected their falsehood and told the truth?

In any case, the ballast did come from Colon, as has been at last conclusively proved by the following copy of an official document, the original of which I hold in my possession.

"Consulate of the United States of America, At Colon, February 28th, 1885.

I, the undersigned Consul of the United States of Amerrica for Colon, and the dependencies thereof, do hereby certify that the above extract is a true and faithful copy of an original entry on the books of the Panama Rail Road Company, the same having been carefully examined and compared by me and found to agree word for word and figure for figure.

Given under my hand and the seal of this Consulate at Colon, this 28th day of February, 1885.

R. K. WRIGHT, JR.

U. S. Consul, Colon."

Surely it is well worth the consideration of all Boards of Health, and of all quarantine and sanitary officers, that in 1882 such evidence was presented to the Louisiana Board of Health, that it was induced to proclaim; that Vera Cruz was "known to be at present perfectly healthy," and yet the board was "imposed on;" that yellow fever was absent from Colon, and yet the board was imposed on; and that the ballast of the Ile Marthe came from uninfected Wales, and yet again the board was imposed on. Worse still, the public was taught to regard the few sanitarians who were not imposed on as enemies to the commerce and prosperity of New Orleans.

For the benefit of those who may now or hereafter take such interest in the subject discussed as to desire a fuller statement of the facts, reference is made to the following sources of information.

The N. O. Medical and Surgical Journal, pp. 227-233, September No., 1882, and pp. 526-535, January No., 1884; the Annual Report, 1882, of the Board of Health of the State of La., pp. 230-241; the Annual Report 1882, of the National Board of Health, pp. 504-505; and The Sanitarian, New York, pp. 137-145, February No., 1884.

Puerperal Peritonitis Ending in Recovery and Some of Its Results.

BY FAYETTE DUNLAP, M. D., Danville, Ky.

In reporting the following cases I do not propose to enter into the full discussion of peritoneal inflammation following parturition, but merely to note some of its results.

It is well enough to begin with the general proposition that this inflammation produces the same results, whether it has its seat in the pelvis, on the surface of the viscera or on the abdominal parietes.

The disposition to give a separate name and pathology to the particular locality that may be affected is unfortunate and is an unnecessary refinement to which the practical obstetrician gives but little attention.

There is hyperæmia of the tissues, then exudation, and the disease may terminate at this stage by absorption and resolution, or in adhesions, the various organs of the pelvis becoming agglutinated. Often, these adhesions enclose serum, and cysts of various sizes result, their favorite positions being in the folds of the broad ligament and in the pouch of Douglass.

In a certain proportion of cases, these accumulations terminate in suppuration and a serious condition is encountered, an infective-fluid in a tissue which invites absorption.

The locality in which this inflammation begins is not fixed, though it is usually in the pelvis. However, "as a general proposition, it may be stated that peritonitis is sometimes a primary affection and is general at the onset." (Fordyce Barker.)

It usually extends by contiguity, beginning at that portion covering the uterus, and again it seems to commence at the umbilicus. Very naturally we expect the organs intimately involved in the parturient process to suffer most; hence, autopsies rarely fail to disclose the fact that the

body of the uterus is in an advanced stage of inflammation, oftentimes showing gangrenous spots, and the venous channels plugged with pus. In every case the appendages are all involved if the uterus has been the starting point.

Peritonitis, ending in recovery, pursues a very variable course. In some the onset is violent and it terminates as suddenly in two or three days and again lights up with the merest provocation leaving behind but few traces.

A disease which was general at first may soon become circumscribed in one or more points, and will prove very troublesome before recovery is complete.

There are indurated spots continuing from a few days to many months. I call to mind a case in which I twice daily gave hypodermatic injections of morphia for severe after-pains and after the puerperal period, having occasion to make a vaginal examination, I found very painful indurations in front of each broad ligament. There was a constant desire to empty the bladder and I made the examination to determine the cause. This explained the post partum pains also.

In a smaller number of cases there are rigors, night sweats, hectic, nausea and vomiting and sometimes a very gradual enlargement of the abdomen.

The exudation has become purulent and is bound down by adhesions and cannot be detected. The contents find an exit by a fistulous fact through the groin, abdominal wall, or by rupture, into the bladder, uterus, or intestines.

In January, 1883, I attended a lady in an abortion at the fourth or fifth month. The placenta and membranes were tightly adherent. I gave an anæsthetic and removed the debris with the placental forceps and the sharp curette, as blood was flowing quite freely from its site.

On the second day she had a sudden chill, a very pain. ful abdomen and retraction of the thighs. The temperature remained elevated for two and one-half days and then suddenly dropped to normal.

I carefully explored the vagina at this time. There was

evidently some serum in the cul-de-sac. I am confident that this was a localized peritonitis brought about by my manipulation of the uterus in removing the placenta. She made a good recovery and has since conceived and again aborted.

The case to which I called attention above as having the induration involving the broad ligaments proved very intractable.

The uterus was lifted high up in the pelvis and tightly bound down, inclining towards the left. This patient's general health failed, the menstruation was not restored for eleven months, although not nursing, and the passage of the probe to shift the organ back in position caused a chill and set up a furious pelvis peritonitis. The induration increased and at the present time (three years) the adhesions are very firm and the uterus apparently atrophying. Menstruation is irregular and often painful. All the usual means of bringing about absorption of the induration have failed and I question whether the organ will ever be allowed to assume its normal position.

On October 30th, 1884, a lady, age 24 years, was delivered of her first child. She was a woman of fine constitution, excellent family history, and there was nothing unusual throughout the period of gestation. The sac spontaneously ruptured early and before full dilatation of the os. The labor was from that time painful and the pains became ineffectual. After the lapse of twenty-four hours, signs of exhaustion began to show themselves and the forceps were applied.

The child was easily delivered, really lifted out of the uterus and but slight traction used.

In precisely seventy-two hours from delivery she had a pronounced chill followed by high fever and a very rapid hard pulse. The breasts were tense and painful and the rigor was supposed to be due to this cause, as the parturient canal was not the least painful and the discharge abun-

dant. The rigors continued at irregular intervals followed by elevated temperature and a pulse of 120 to 160 and the mammary glands became completely dried up.

At this juncture the os uteri was dilated and this body explored. Shreds of membrane and offensive clots were removed. This was done twice daily for three days with decided improvement in the pulse-rate and temperature. The symptoms were those of septic poisoning and aside from the temporary comfort given by attention to cleanliness of the uterus, there were no well marked signs of improvement.

The uterus was enlarged and tender at the fundus, but at its attachment to the vagina and ligaments there was no evidence of adhesive inflammation. It was rather flabby than otherwise and freely movable. The temperature began to abate on the seventh day and the general condition showed signs of improvement. On the fifteenth day, when all seemed to be going on well, she became suddenly worse and the rigors returned. The abdomen became tender, the thighs retracted and it was evident that the peritoneum was inflamed. An indurated mass over the site of the right ovary was a very painful spot. This enlarged daily and was finally lost in the general enlargement of the whole abdomen. The uterus was large but freely movable. The cul-de-sac was filled with a soft, fluctuating mass, which was evidently serum. The abdomen was as large as at full gestation and very painful. At particular and limited spots fluctuation could be detected, but on palpation the abdomen gave the feeling as if the wall was greatly thickened. The temperature and pulse plainly indicated that septic absorption was going on

Acting on the belief that pus was either freely out in the perineum or encysted somewhere in the cavity, I made an appointment to explore the abdomen with the aspirator the next day. Before my arrival there was a sudden gush

of fluid from the œsophagus into the mouth and there was discharged two pints of very offensive pus. Diarrhœa began shortly after and a quantity of similar fluid was discharged by the rectum.

There was very perceptible reduction in the size of the abdomen and a general amelioration of the patient's distressed condition. The mass in the right illiac fossa could be telt, but was much reduced in size. There was a number of indurated, sensitive spots in various portions of the abdomen. These gradually disappeared, but the walls of the abdomen are still thickened.

From the beginning of the abdominal distension the body was constantly moist with a gentle perspiration which became profuse during sleep. This continues to a certain extent to the present date (March 13).

I have concluded that the body of the uterus was first acutely inflamed (the parametritis of Schroder) and that this inflammation spread by continuity, and furthermore I am of the opinion that septic absorption took place from the decomposing contents of the uterus. The exact lo cality of the purulent sac I have never been able to determine. From the sudden emptying of its contents it is likely it ruptured into the stomach.

There were associated from the beginning and throughout the course of this disease many of the prominent symptons of both pelvic peritonitis and puerperal peritonitis as given by Berwitz and Fordyce Barker.

From the array of symptoms it was evident that the system was steadily receiving a septic poison. The abdomen was so greatly thickened that it was impossible to surely locate the accumulations.

If there had been indications that the sac had ruptured into the peritoneal cavity the advisability of opening the peritoneum would have presented itself.

The teaching of Tait and Keith encourages one to believe that it is demanded of the surgeon to enter the cavity and remove the contents of the abscess and establish drainage. Happily in this case this necessary discharge was established by a natural process, but in the event of its rupture into the cavity, I would have urged immediate incision into the peritoneum. Regarding the peritoneum as a dilated lymph sac with septic fluid over every inch of its absorbing surface the danger to the patient would not be increased but the prospects of recovery improved by removal of this fluid.

It is, therefore, of the first importance to early make the diagnosis between pelvic peritonitis and cellutitis and puerperal peritonitis, as it is confidently asserted that the pelvic forms rarely or never rupture internally, but the contents find exit by a fistulous tract. But the rupture may come while we are waiting for a diagnosis. I remember having a case three years ago presenting a similar array of symptoms as the case above with but little abdominal dis-The patient passed over the acute attack and suddenly expired in the fifth week. The autopsy disclosed a long narrow suppurating sac with a thick wall beginning in the left broad ligament and extending over the pelvic brim on the psoas muscle as high up as the margin of the liver. There was no hectic and the chief complaint was the constant pain in the pelvis. The adhesions had displaced the uterus to the left and bound it down to the ovary. The pus had never been suspected. Mr. Keith says this is of frequent occurrence and even advises exploratory incisions when the temperature continues, which experience has taught him to interpret as one unfailing sign of pent up pus This sac ruptured and the patient died in the abdomen. from the shock.

That these peritoneal inflammations, all arising from similar causes, should terminate in the modes named above must be accounted for on the patient's peculiar constitution. Why one will have a general peritonitis, another a localized one with adhesions, and another result in suppuration is yet beyond our most patient research.

The management of these cases appeals to the best judgment of the attendant, and further than the general statement that opium is indicated unsparingly, rest enjoined, and the secretions kept in an active state, there are no rules suited to all cases to be suggested.

Synopsis of the Annual Address on the Physical, basis of Crime.

Delivered before the Orleans Parish Medical Society, March 30th, 1885, By Rudolph Matas, M. D.

In discussing the physical basis of crime, the speaker took the ground of the mental physiologist and evolutionist. He believed the physician enjoyed special privileges in the study of the subject. The physician in practice has, more than most men, opportunities of seeing a wide range of mental phenomena. He comes in personal relation with men and women in circumstances where reasoning and feelings, the instincts and propensities of human nature, are exposed to his view with as little concealment and hypocrisy as possible. He has to study the effects of their outward surroundings and of the impressions from without on the minds of his patients. He has to do with mind in its most undeveloped form up through all its stages of growth and education, and he has the opportunity of seeing the effects on it of every form of disease and debility.

He believed it was impossible to investigate this question by metaphysical or introspective methods. The physiologist need not hesitate to concede that this class of thinkers (the metaphysicians), soar in a region of visionary transcendentalism, for which his mental bias and material modes of thought have not fitted him either as a worker or a critic. He is as ill adapted for reveling in trains of speculative abstraction, whereof the issue, purely subjective, can never reach the reality of objective demonstrativeness, as the metaphysician for peering through lenses many a weary day and night to verify a single fact, the present obvious value of which may be nil, but of which the future story may be written as the starting link of chains of important truths. He believed with Walshe that between the metaphysical contemplative mind and the scientific observant mind the antagonism is so profound that the union of the two qualities in the same individual, even in very different degrees of potentiality, is the rarest of intellectual endowments.

He believed as a naturalist and physiologist that whatever light could be thrown on the subject of criminal causation it came solely from the study of mind and ethics as regarded from the physiological and evolutionary standpoints. He avowed himself to be a follower of Spencer, and stated in the words of this illustrious philosopher, that he entered into the consideration of moral phenomena as phenomena of evolution, being forced to do this by finding that they form a part of the aggregate of phenomena which evolution has wrought out. If the entire visible universe has been evolved, if the solar system as a whole, the earth as a part of it, the life in general which the earth bears as well as that of each individual organism; if the mental phenomena displayed, by all creatures, up to the highest, in common with the phenomena presented by aggregates of these highest; if one and all conform to the laws of evolution, then the necessary implication is that those phenomena of conduct in these highest creatures with which morality is concerned, also conformed.

He believed that all matter was one, differing only in degree, and that as matter differed in degree so did the phenomena of life and mind differ in degree. The whole universe, matter in one degree or another, is subject to natural laws, so that there is nothing of the natural order outside of nature; nature is one great whole, a whole of

which man and all other organisms form an integral part.

In view of the fact that all the phenomena of life and mind are manifested in matter; that nature's forces are manifested in matter; that we cannot find the phenomena of life, mind and force manifested without matter; that matter is one, only differing in degree, and that it is indestructible; seeing that as matter is developed from abstract to concrete, all the phenomena of life, mind and force are the more manifest he assumed that as matter in the abstract was first created, it was endowed with the properties or qualities of life, mind and force, their phenomena to be manifested as matter became evolved and developed from matter in the abstract. Quoting the language of an eminent Canadian writer, Mr. Henry Howard, he said "Immaterial how small a unit man may be in this vast creation, he cannot separate himself from nature; he cannot divest himself of her laws, her forces are in him and about him; forces that he cannot always resist; they affect him in a thousand ways from the moment he is conceived throughout his whole existence, his embryonic life, in fancy, childhood and manhood."

He believed with latter writer that no organism creates or makes itself; whatever it is, it is such in virtue of one or more of the natural laws of evolution, the struggle for existence, the survival of the fittest, natural selection, dissimil_arity, heredity and environment.

The influence of these laws was now universally recognized by scientists, and to illustrate their importance as factors in the shaping of the moral character, it would suffice to speak of the effects of the two last, heredity and environment, especially to demonstrate the powerful influthey could exercise in the construction of the criminal character. Speaking of the law of heredity he said: There was a foundation of fact, though not the fact of which he dreamed, in the speculations of the astrologer who believed

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that by observation of the star in the ascendant at the time of a mortal's birth he might predict his destiny. He was conscious of a fate in human life, but he failed to see that it was the fate made for a man by his inheritance. Maudsley has said: "No power of microscope or chemistry, no power which science can make use of will enable him to distinguish the human ovum from the ovum of a quadruped; yet it is most certain that the former has inherited in its nature something whereby it develops under suitable conditions into the form of a man, and that the latter has in a like manner inherited something whereby it develops under suitable conditions into the form of a quadruped.

Not only has the human ovum, this destiny of the species in its nature, but each particular ovum has an invidual inheritance which make for it an individual destiny. There is a destiny made for a man by his ancestors and no one can elude, were he able to attempt it, the tyranny of his organization.

The power of hereditary influences in determining an individual nature has been more or less distinctly recognized in all ages.

"Solomon proclaimed it to be the special merit of a good man that he leaves an inheritance to his children's children; on the other hand it has been declared that the sins of the father shall be visited upon the children unto the third and fourth generations. Not that the failing of the father shall necessarily show in the children in either the same form or in any other recognizable form; it may undergo transformation in the second generation, or may be entirely latent in it, not coming to the surface in any form until the third or fourth generations. In attestation of this the speaker referred to many illustrations which proved the law of Atavism. Quoting Maudsley, again, he said: "It was a proverb in Israel that when the fathers have eaten sour grapes the children's

teeth will be set on edge; and it was deemed no marvel that those whose fathers had stoned the prophets should reject Him who was sent to them." "Ye are the children of those who stoned the prophets."

The institution of caste among the Hindoos appears to have owed its origin to a recognition of the large play of hereditary influence in human development: and that dread inexorable destiny, which has so great and grand a part in Grecian tragedy, and which the Grecian heroes manfully contended against, although, foreknowing that they were inevitably doomed to defeat, was in some degree an embodiment of the deep teelings of the inevitable dependance of a man's present being on his antecedents in the past. "Bless not thyself only," says the author of the Religio Medici, "that thou wert born of honest parents, that modesty, humility and veracity lay in the same egg, and came into the world with thee. From such foundations thou mayst be happy in a virtuous precocity, and make an early and long walk in goodness; so may sot thou more naturally feel the contrariety of vice unto nature, and resist some by the antidote of thy temper."

The transmissability of pathological tendencies, nervous disorders and criminal characteristics was dwelt upon, and special reference was made to the evil effects on the offspring of parental inebriety. The views of Demeaux and the more thorough and extensive observations of Lentz were considered, proving that drunkenness of either parent at the time of conception was often a cause of a nervous and vicious disposition in the offspring. History and the traditions of the remotest antiquity confirmed the views held by the modern scientist. For instance, stress is laid in the mythology, that Vulcan, who was born lame, was conceived by Jupiter while intoxicated with nectar. "Young man," said Diogenes to a stupid fellow "thy father was drunk when thy mother conceived thee." Aristotle believed that a woman addicted to intemperance engendered

children with inebriate tendencies. And Plutarch also affirms that the drunkard begets offspring who soon give themselves to the paternal vice. Lycurgean legislation favored the prevalence of inebriety among tributary and conquered peoples in order that all healthy aspirations might be readily stifled and those instincts and apetites developed which would rapidly and fatally reduce them to bondage and servitude. At Carthage, a law strictly forbade the drinking of any beverage but pure water on the days of marital cohabitation. And Hippocrates himself notices and comments upon the unfortunate effects of inebriety on the products of conception.

The law of heredity was indeed terrible in its influences, but fearful as it was it was not to be dreaded more than the law of environment.

From the moment an ovum is conceived in the maternal structures till it dies in its most mature and developed form, let that be at the age of a hundred years, it is all that time subject to the influence of its environment, let these influences be for good or for evil. During embryonic life, infancy, childhood and manhood we are all, to a greater or lesser degree, influenced by our environment.

Dr. Howard, of Montreal, has vividly depicted the influence of the law of environment in the following illustration: "Suppose two women one a pauper living in misery and filth, reeking with the fumes of whiskey, listening to vile, beastly language, and making use of such language herself, this woman becomes pregnant. Think of the environment of the embryo; can such an embryo grow to be a child strong, healthy and well developed, like the embryo of the second woman who is surrounded with all the comforts of life, a woman pure in all her thoughts, words and deeds, who never even hears rough or indelicate language, much less sees, brutal acts? The thing is inconceivable, the very dirt in the pores of the skin of this miserable pauper would forbid it, her inebriety would forbid it, the food the unfortunate woman partakes of, would forbid it;

the brutal, filthy language she hears and makes use of, every hour of the day forbids it: nature in the name of all her broken and outraged laws, forbids it, forbids that there should be a healthy embryo, in a woman living in such an hidious environment." The terrible influence of the law of environment was largely elaborated by the speaker who found abundant material for illustration in the pauper and criminal classes of this city. The tenementhouses and negro quarters of Gasquet, Franklin, Customhouse, Bienville, Dauphine and other streets were described. and the question was asked whether any gentleman in the meeting could ever doubt the significance and weight of this law, if he had ever confronted the howling, blasphemous and foul multitudes that inhabited and prowled at all hours of the night about the tenements and gambling dens of these parts of this city!

The speaker further referred to the works of Sue, Zola, Maupassant, Dickens, Reade, Collins and other writers, who wittingly or unwittingly have so forcibly illustrated the horrors of the law of environment and its immense influence in forming the criminal character.

The environment of the three classes of Society was then examined and found to be collectively defective. He maintained, therefore, that Society itself is responsible for a criminal class which is the outcome chiefly of the pauper class,—a class which, theoretically, should not exist.

In dealing with the subject of responsibility he claimed that the theory that a criminal was such in virtue of his physical organization did not in the least conflict with the interests or the right of Society to protect itself. With most criminals of the confirmed type, the task of reformation was as fruitless as that of attempting to render intelligent an acephalous monster. The confirmed criminal was as general rule a teratological product, a creature born with a mental deformity, a deficiency of the moral sense. It was not denied however, that a child born with an abnormal

mental disposition could be rendered a safe member of society by a proper environment; a healthy education often averted the calamitous consequences of the unfortunate inheritance. He believed with Proctor that the demonstrated fact that a thief or a murderer has clearly *inherited* his unpleasant tendency should be a raison de plus for preventing the tendency from being transmitted any farther. In stamping out the hereditary ruffian or rascal by life imprisonment, or an equally restrictive measure, we not only get rid of the "grown serpent," but of the worm which "Hath nature that in time would venom breed."

After devoting considerable attention to this important subject, particularly in connection with the law of insanity, he concluded by stating that whatever the logical sequences of what he had said might theoretically lead him to, it did not affect his appreciation of the supreme right which the non-criminal class has of protecting itself from the infliction of the criminal class. He believed with H. C. Wood, that every man who is convicted three times of a felony should be confined for life and made to support himself by labor. He recognized that society has the right even to take human life, when such taking is absolutely essential for the protection of society, whether abstract justice warrants the sacrifice or not. In the case of the insane criminal, no complaint should be made because the law unjustly takes the life of the insane man. Death to the hopelessly insane is often a boom, a rest, and is never a distinct evil. The deep damnation of the statute is that it publicly brands the unfortunate victim, in his helplessness, with the mark of Cain, and if he have a family, shadows the lives of those he leaves behind with perpetual infamy If the protection of society demands that the insane murderer be put to death, let such death be painless, and as far freed as possible from the horrors of expectation, and let it be distinctly stated by the judge, 'This man though guiltless, because irresponsible, is to be put to death for the protection

of society' Beyond all, it is important that the law be consistent with itself, so that the growing feeling of distrust and contempt for our courts may not ripen into quiet law-lessness, and fraud be habitually met by fraud, through the hopelessness of an appeal to the courts."

THE NEW ORLEANS MEDICAL AND SURGICAL JOURNAL,

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EDITORIAL.

HOW DOES BELLADONNA DILATE THE PUPIL.

The precise way in which belladonna and its alkaloid produce dilatation of the pupil has often been a matter of debate. Many theories explanatory of this action have been advanced, have stood for a time, and then been obliged to go down under the hard fire of uncompromising facts.

In the *Cincinnati Lancet and Clinic* of March 14th, Dr. W. R. Amick, professor of diseases of the eye and ear in the Cincinnati College of Medicine and Surgery, combats the idea that the dilatation of the pupil caused by atropia, is due to paralysis of the sphincter fibres of the iris.

First, let us remark that this is by no means the commonly accepted theory at the present time as Professor Amick seems to imply; the best authorities holding that the effect is produced both by paralysis of the sphincter, and stimulation of the radiating fibres of the iris. Professor Amick's proposition and train of argument are as follows:

Belladonna acts upon the sympathetic system by irritation producing contraction of the muscles of organic life, and also acts upon the muscles of animal life by stimulation (of the centres in the cord); the contraction due to irritation being much stronger than that produced by stimulation. When a solution of the drug is instilled into the eye, both the radiating and circular fibres of the iris are brought into action, but the circular fibres being supplied with filaments from the third nerve are merely stimulated while the radiating fibres supplied by the sympathetic are irritated, and therefore easily prevail over their antagonists, producing dilatation. The dilatation is due to contraction of the radiating fibres, not to paralysis of the circular fibres, (1) because the atropia dilated pupil contracts under the influence of opium in a few hours, and "it is impossible for us to believe that the paralysis of a muscle can be overcome in an hour or two;" (2) because the mydriasis due to complete paralysis of the third pair of nerves can be increased by the use of atropia; (3) because during the period of recovery from the effects of belladonna there is a time, the pupil being partially dilated, when under the stimulus of light or accommodation, the pupil will contract promptly and freely over a certain limited range; "if, in an opposing and equally balanced set of muscles, we have those on one side paralyzed..... they have lost their power, and are entirely unable to act while the others are exerting their maximum of contraction; in this condition we cannot expect the relaxed or paralyzed set to develope a sufficient amount of contractile power to overcome those that already have the advantage of the long end of the lever."

Professor Amick's ideas of the action of belladonna on the muscular systems agree fairly with with those of Bartholow and Wood, but we must not suppose that we know anything of the essence of stimulation or irritation. We use these terms to express different degrees of the same phenomenon. Apply any irritant in mild enough form and it is but a stimulant; continue the action of a powerful stimulant long enough and it becomes an irritant. To say that because one muscular contraction is stronger than another, the first is due to irritation, the second to stimulation, is to mistake words for thoughts, and to imagine that physiological fact can be established by the logic of terms.

Professor H. C. Wood, in his Treatise on Therapeutics closes his excellent essay on the action of atropia on the iris with these words: "Atropia appplied locally causes mydriasis by paralyzing the peripheral ends of the oculomotor nerve, and probably by stimulating the peripheral ends of the sympathetic. Atropia given internally almost certainly causes mydriasis, not by influencing the nerve centres, but by being carried in the blood to the eye itself, and there acting precisely as when applied locally."

That atropia paralyses the circular fibres of the iris, and that it does so by reason of its action on the peripheral ends of the third nerve, is indubitably proven by this fact: Galvanization of the third nerve does not produce contraction of the pupil in the atropinized eye; but when the electrodes are applied to the eye in such a way as to affect the iris directly, contraction occurs. On the other hand there is good reason to believe that stimulation of the sympathetic filaments causing contraction of the radiating fibres does as Professor Amick contends, play an important part in the phenomenon in question. No one witnessing the forcible tearing apart of adhesions by the powerful action of a strong solution of this drug can believe himself the spectator of a mere passive movement of relaxation. The application of a solution of atropia to the eye of a frog after its removal from the body will cause mydriasis, and the dilatation of the pupil due to complete paralysis of the oculo-motor in man, or to section of this nerve in animals, is increased by the application of atropia. (Professor Amick's second argument.)

As to the first argument, we cannot see, especially in the face of the unimpeachable facts adduced above, why a certain condition of the nerves induced by one drug in an hour may not be completely removed in a few hours by the action of a physiologically antagonistic drug. The phenomenon brought forward as the third argument is readily explained by the supposition that while the peripheral ends of the nerves supplying the iris are affected by atropia, the paralysis of the oculo-motor fibres passes off before the stimulating effect of the drug upon the sympathetic filaments has ceased.

THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION.

Nothing is easier than condemnatory criticism. Nothing is more fluent and copious than such criticism, when directed by inexperience against experience struggling with some difficult task. Probably most of our readers remember the critical cross fire to which Dr. N. S. Davis, the editor of the *Journal*, was subjected at the last meeting of the American Medical Association. These criticisms were doubtless for the most part well meant but thoughtless; prompted, as we have intimated, by that inexperience which through its very ignorance of the difficulties to be overcome, is ever captious and intolerant.

That the reflections upon Dr. Davis' editorial ability were without foundation in fact, may be gathered from a series of editorials of admirable directness and modesty, which have appeared in recent numbers of the *Journal*.

Under Dr. Davis' management, the Journal's assets for the first year were sufficient to cover entirely the liabilities, and it is highly probable that the editor's and trustees' reports will show that it has earned during the second year a handsome profit.

No one familiar with the *Journal* can doubt that its literary, has kept pace with its financial success, and we must bear in mind that this success was obtained with limited capital, and in the face of unusual difficulties.

It was Dr. Davis' wish to resign his ungrateful position last year, but at the earnest request of certain friends he consented to remain a year longer. We understand, however, that he has fully decided to withdraw at the coming meeting of the Association, but like a good general his last official act is to offer valuable suggestions for the future conduct of the enterprise.

He recommends that the Association adopt a rule requiring the payment of all membership dues by the first day of July of each year, to the end that the *Journal* may be henceforward conducted upon a cash basis; the enforcement of the rule that all papers, addresses, etc., read before the Association should be forwarded without delay to the editor, and that such papers should not be accessible to the reporters or agents of other medical periodicals before their publication in the *Journal* of the Association. The Association is urged to establish an office and to procure type, presses, etc., for the publication of its organ, abandoning the present system of yearly contracts, with firms situated anywhere throughout the country.

From the large array of talent at its command the Association will doubtless be able to select a capable successor to the present editor, but it will be no easy matter to find a single man combining in so high a degree literary, administrative, and financial ability. Whatever may be the newcomers' success the Association should remember that he finds his tools already shaped to his hands, and that to Dr. Davis belongs the praise of having so manfully borne the burden and heat of the Journal's first hard days.

THE DUTY OF THE MEDICAL PROFESSION IN RESPECT TO PATENT NOSTRUMS.

Our excellent exchange, the Maryland Medical Journal (March 21) has a spirited editorial under the above heading condemning the practice among physicians of recommending patent nostrums of the composition of which they are in complete ignorance.

The writer of the article quotes from the code of Ethics of the American Medical Association, the following:

"Equally derogatory to professional character, is it for a physician to hold a patent for any surgical instrument or medicine; or to dispense a secret nostrum, whether it be the composition or exclusive property of himself or others. For, if such nostrum be of real efficacy, any concealment regarding it is inconsistent with beneficence and professional liberality, and if mystery alone give it value and importance, such craft implies either disgraceful ignorance or fraudulent avarice. It is also reprehensible for physicians to give certificates attesting the efficacy of patent or secret medicines, or in any way to promote the use of them."

It seems to us, however, that such common sense considerations as those urged by our contemporary should be far more binding upon any physician anxious to preserve a reputation for ordinary intelligence as well as dignity, than the provisions of an arbitrary code. To-day, the whole attention of an enlightened physician is directed towards obtaining an exact conception of the pathological condition by which he is opposed, and the bringing to bear upon it of just those drugs which he knows by study of their action in health and disease, will prove most effective. It is this method, this precise use of drugs which distinguishes modern practice from the happy empiricism of Hypocrates. To be satisfied with having named a disease, and with having fired into it a therapeutic broad-side from guns of unknown calibre, is to reverse the engine of medical progress. This lese-majesty against the genius of our profession is committed by every physician who makes use of a patent medicine; more guilty still that physician who by the recommendation of such preparations, tempts to their use in unknown conditions of disease, his yet more ignorant fellow-man.

TEXAS REFUSES TO REGULATE THE PRAC-TICE OF MEDICINE.

The March number of our valued exchange, *The Texas Courier Record*, contains several editorials bitterly regretting the defeat of the Daniel bill for the regulation of the practice of medicine in that State, before the nineteeth Legislature.

The opponents of the bill, both in and out of the Senate, are dealt with in unsparing terms.

The bill, it seems, was a very moderate one, the committee of the State Medical Society having it in charge being quite aware that only such an one had the least chance of becoming law. It provided for a board, appointed by the Governor, having the same membership as the State Board of Health, which was to have been created by an allied bill. This board it was intended should examine all persons desiring to practise medicine in the State, and issue to those found competent a license. It was provided that the candidate should be examined upon the principles of Anatomy, Physiology, Surgery, etc., only: Practice and Therapeutics being omitted in a generous spirit of fair play towards the homeopathists.

Moderate as the bill was, it never got beyond the Senate. A cry, in which homœopaths, electics, et id omne genus, joined most lustily, was raised that the whole movement was a deep laid plot of the "alopaths" to establish a board of medical dictators at the capital. The committee on public health quashed the bill on the ground that it would cost the State \$5,000 and that the public treasury was not in a condition at present to warrant this additional out-

lay. Thus for the present, ignorance remains in possession of the field.

The right of a State to frame laws regulating the practice of medicine within her boundaries, depends upon principles of justice so patent that discussion of them would be profitless. The drafting of an exactly equitable, efficient and radical bill would, perhaps, be a matter of difficulty, while it is certain that such a bill would have no shadow of a chance of passing the Legislatures of most States. It seems to us, therefore, that a bill like the one just defeated in the nineteenth Legislature of Texas is the best our profession can do at present, for its own and the peoples' protection against knavery and ignorance. Doubtless the happy effects of such moderate legislation would in time educate the people up to a point from which still more salutary measures might take their start.

We earnestly sympathize with our Texas bretheren, for we of Louisiana know well the depths and darkness of these waters. Have we not our Hartmans, Millers, Prentices and Hunters always with us? A State Board of Examiners would afford us far greater protection than the present inane scheme of diploma registration—which affords none—for your imposter dreads the Ithuriel spear of knowledge.

Let us commend this matter to the consideration of our own State Association.

THE DEPOPULATION OF FRANCE

In the Academic de Medecine, of Paris, the depopulation of France has given rise to several learned and interesting discussions. Mr. Roussel has fathered a law which looks to the preservation of many infants deprived of proper care; it has been estimated that the death-rate of France would be diminished by 80,000 yearly, thus practically, doubling the increase of population. But the Roussel law

has not been applied to all the departments of France, and in some departments its provisions have not been properly carried out; but wherever the law has been properly executed, the infant mortality has become notably smaller. In the discussion, M. Fournier confirmed the statement of M. Rochard concerning voluntary unfruitfulness, especially in the better classes.

The depopulation of France is referable to two causes: insufficient births, and excessive infantile mortality.

Physicians can do nothing for the first of these causes, but the second certainly comes within the physician's province. Syphilis is a powerful factor in infantile mortality; 68 per cent. of the children of syphilitic parents die. The measures to be employed in diminishing the ravages of syphilis relate both to medical treatment and public hy-M. Roussel admits that the French are not as fruitful as their English neighbors; but the practical feature of the subject under discussion, as all admit, is to diminish the excessive mortality among children and if the larger part of the children born in France could be raised to manhood, France would not be far behind her neighbors in population, and would be able to hold her position among nations. The first section of the Roussel law provides that every child under three years of age who is placed to wean or to nurse outside of the domicile of its parents, becomes ipso facto the object of the surveillance of the public authority, having for its object the protection of its life and The organization is necessarily under medical supervision; but as this organization must be very expensive, each department must meet its own expenses. Whereever the law operates, it has produced gratifying results; the infantile mortality has always diminished.

THE PUBLIC HERALD VERSUS QUACKERY.

Some remarkable exposures have been recently made by the enterprising editor of the *Public Herald*, of Phila-

delphia, which in so much as they reveal to the public the rottenness of certain quack concerns deserve our commendation. The Herald has been devoted for several years past to the sole work of detecting and exposing all sorts of humbugs and frauds, and in this way has been doing some very efficient work. Among the most notable instances of quack brazenry brought to light by this publication is a bogus endorsement by President Cleveland of Duffy's Pure Malt Whiskey in which the President is reported as proclaiming in an official document, that this stuff is "the purest in christendom" and that the use of any other is dangerous and even criminal, either as a beverage or for medicinal use. Another, a fraudulent endorsement of Petzoldt's German Bitters by President Arthur and all the leading diplomats in Washington, was also shown up by the Herald. Among the most meritorious undertaking of this paper and one which has probably involved its editor in some trouble, is the vigorous prosecution of the impostor Hale, the editor of a vile and despicable sheet known as the "Health and Home" which has been heretofore allowed to run its career unchecked and has for a long time served simply as a vehicle for the most indecent and demoralizing teachings that could be introduced into any home, besides being an advertising sheet for Hale's and other's quack preparations. This fellow Hale, it appears is the same Dr. Lightfoot who some years ago pestered our city with his presence in the guise of an Indian doctor and gave free "lectures" on Anatomy and Physiology at Grunewald Hall. We remember his visit distinctly as it was associated with certain ludicrous incidents which created much merriment in the city, greatly to the quack's disgust and discomfiture.

Sometime during the past year Hale wrote to us asking for information in regard to the quacks who practiced in this city stating that he was anxious to have their names in order to expose them in the columns of his paper, "Health and Home." We were not aware of his relationship to

Lightfoot at the time, but a glance at his paper sufficed to brand him as the worst of the quacks he wanted to know about. This illustration of his audacity coupled with the fact that he guarantees to his advertisers a circulation of 400,000 copies of his "filthy, printed poison" is enough to startle us with the enormity of the danger which threatens our people from the rascality of these pseudo medical and moral advisers.

We should like to conclude a notice of the *Herald's* good work with a complete and hearty endorsement, but before we do this we would like to see its advertising columns expurgated of a few "adds." that reflect poorly on the consistency of its editor. Surely if the editor wishes to keep himself at the head of the cause he has undertaken, and expects to be in good preaching or fighting order, he must rid himself of such encumbrances as those which heavily weigh down the pages of his publication. Otherwise we would have to remind him of the old but true saying: "Those who live in glass houses should not throw stones."

CHANGES IN THE FACULTY OF THE MEDICAL DEPARTMENT OF THE TULANE UNIVERSITY.

At the close of the last session of the Medical Department Prof. Samuel Logan resigned the chair of Anatomy which he has filled so well and long, and Dr. Edmond Souchon, of this city was elected to succeed him. Dr. Souchon graduated in Medicine from the University of Louisiana (now Tulane University) in 1867, and held the position of Demonstrator of Anatomy in the same institution from 1871 until 1876. The department also lost by resignation the valuable services of Dr. A. B. Miles the Demonstrator of Anatomy, the vacancy being filled by the election of our former colleague Dr. R. Matas, with our colleague Dr. A. McShane as assistant. Both of these gen-

tlemen are Alumni of the school which they are now called to serve.

Prof. Jno. B. Elliott, formerly the Professor of Materia Medica and Therapeutics, has been transfered to the chair of Practice rendered vacant last November by the death of our lamented friend Prof. S. M. Bemiss, and Dr. Jno. F. Y. Paine, elected to the chair left vacant by Prof. Elliott. Dr. Paine is a native of Alabama; received the degree of M. D. from the University of Louisiana in 1861, and has been for some years a resident of Galveston, Texas, where he has, we understand, a large and lucrative practice.

The Deanship rendered vacant by the resignation, from that position, of Prof. T. G. Richardson, has passed to Prof. Stanford E. Chaillé.

PROCEEDINGS OF SOCIETIES.

STATE MEDICAL SOCIETY OF LOUISIANA.

FIRST DAY.

The seventh Annual Session of the Society was called to order Tuesday, April 21st, at noon, in Tulane Hall, the President, R. H. Day, of Baton Rouge, in the chair.

The roll call showed 54 members present.

Under a suspension of the rules the following were elected members by acclammation: Drs. J. S. Gardener, C. Chassaignac, P. E. Archinard, J. L. Violet, A. McShane, Trezevant, Orleans; Dr. R. W. Seay, East Carroll; Drs. J. Bland, M. M. Love.

Dr. Geo. B. Lawrason, President Orleans Parish Society, welcomed the members of the State Society and wished them a pleasant and profitable session. Dr. S. E. Chaillè, Chairman, presented the report of the Committee on State Medicine:

At the last session of the Legislature, five propositions had been laid before it by this Committee on behalf of the Society, viz;

- 1. The establishment of a veritable State Board of Health.
- 2. The protection of Confidential Communications to Physicians.
 - 3. The compensation of Physicians as experts.
- 4. Requiring the teaching of Hygiene and Physiology in the Public Schools.
- 5. An Amendment to the Act Regulating the Practice of Medicine.

Only the third became a law. Although the coming legislature would be composed of the same men who defeated these propositions last year, Dr. Chaillè moved: That the Louisiana State Society re-endorses the report of 1884 of the Committee on State Medicine and recommends the adoption of its propositions by the legislature—Carried.

Dr. P. B. McChutcheon in his report as Recording Secretary said that he had received during the past year a number of valuable reports and monographs for the library.

Dr. Bickham, Chairman of the Committee on Organization, reported the organization and affiliation of the Bossier Parish Society.

The Committee urged that the recommendations of Dr. Davidson in his address in 1884 on this subject, be printed along with the Constitution recomended for Parish Societies, and distributed throughout the State. Referred to the Committee on Publication with power to act.

After transacting some miscellaneous business the meeting adjourned to 7:30 P. M.

FIRST EVENING.

An invitation for the evening having been extended the general public, there was present a small audience of ladies and gentlemen besides the members of the Association.

The session was opened with Prayer by the Rev. Dr. B. M. Palmer. The President, Dr. R. H. Day, of Baton Rouge, then read his address: The Mission and Methods of Medicine.

The address was a review of the progress of medical science and art from the earliest period.

Dr. Day claimed that in prehistoric ages men must have had a fair knowledge of medicine and sanitation if they attained to the longevity attributed to them. The monuments which have come down to modern times indicate a fair knowledge of the arts and sciences, and the ancients undoubtedly practiced medicine and surgery. Medicine is called the "healing art divine" and its mission is one of benevolence and mercy. Life is the dearest possession of man, and that profession which prolongs life and preserves health is naturally the most valuable to mankind. The speaker described the mutual relations existing between the physician and the community. He sketched the requirements necessary to a physician, and urged the necessity of a high standard of medical education, thorough training in the correlative sciences, and in classical literature.

Dr. Day predicted that preventive medicine would be the practice of the future, and referred to the recent advances in this direction which indicated that the day would come when the original morbific poisons would be known. In concluding he recommended that some simpler means than those now enforced by the by-laws of the Association for he affiliation of Parish Societies should be, adopted; that the Transactions of the Association should henceforward be sent to every physician in good standing in the State and not merely, as is now provided, to members of the Association who have paid their dues; and that in furtherance of its work, the Association should be subdivided into sections representing the main divisions of medicine.

At the close of his address the President introduced Mr.

W. H. Goodale, of Baton Rouge, the annual orator of the Association.

Mr. Goodale's oration "The Blameless Physician," does not permit of fit presentation in an abstract. It was published in full in the daily papers of this city and will be found in the Transactions of the Association.

SECOND DAY'S PROCEEDINGS. Morning Session.

Society called to order at 10:15 A. M., Dr. R. H. Day, President, in the Chair. Under suspension of rules, the following were elected members by acclamation: Dr. Jno. B. Elliott, Edmond Souchon, J. F. Payne, E. W. Jones, Orleans; Dr. T. P. Tarleton, St. Landry.

A petition was read from Mrs. M. R. Goodale, of the Louisiana Women's Christian Temperance Union, asking the aid of the Association in making compulsory, by law, the teaching of physiology and hygiene with especial reference to the effects of tobacco and alcohol, in all public schools. On motion of Dr. Dupre, the petition was endorsed.

The Treasurer reported: Receipts \$773.75; disbursements, \$240.70; balance on hand, \$533.05. This balance will be increased by the receipts of this meeting.

After much discussion, the Chair decided that the pledges taken by certain members to contribute annually \$5 in addition to the regular dues, and to attend at least one in three meetings of the Association, continue in force until formally rescinded by the Association. No action.

The first paper was one of great length by Dr. A. Chastant, on the "Inherency of Morbid Principles, their Occultations and Transmutations to their Ulterior Pathological Forms or Entities." After thirty minutes, the reading was suspended and Dr. Price moved that it be referred to a psychological society. An abstract was read and the paper referred to the committee on publication.

Dr. I. J. Newton read a paper giving a good résumé of our knowledge of "Hæmorrhagic Malarial Fever."

In the discussion that followed, Dr. Jos. Jones spoke of a parasite, of probable causal relationship, which had been found in certain cases of this disease. Rice fields are the habitat of many fungi. He believes that the extensive cultivation of this cereal will be detrimental to the health of our people.

Dr. Newton asked if the cases presumably due to the parasite which Dr. Jones claimed to have observed, were new in type. Dr. Jones rather thought they were

Dr. Pugh asked if it were proper to give quinine in Hæmaturia. Dr. Lyon thought that too implicit a reliance should not be placed in the drug. The prostration and nausea resulting from large doses were elements of great danger. Though he always exhibited quinine, he would rather abandon its use than give heroic doses.

Dr. Langworthy favoured small doses, but put much faith in potassium acetate.

Dr. Newton thought quinine should be used until structural changes occurred.

Dr. Seay stated that cases in his parish in which large doses were exhibited, had died. He related a of case hæmaturia in which the temperature was rather sub-normal He used nitre and copaiba, and after the attack, quinia in small doses.

The next essay was a paper by Dr. W. B. Poweil, of Natchitoches, "A Peculiar case in Obstetrics."

Dr. Hardey's paper "Immunity in Disease Not Caused by Germs," was read by title and referred to the publication committee.

The Corresponding Secretary reported a total of 1043 physicians in Louisiana: 764 regular; 219 irregular; 60 unknown.

Adjournment to 7:30 P. M.

At this session, the following registered; Drs. G. B

Underhill, W. H. Watkins, S. L. Henry, Orleans; W. D. White, Vermillion; O. P. Langworth, East Feliciana; T. T. Tarleton, St. Landry; J. C. Brown, T. M. Thornhill, Bienville.

Evening Session.

Drs. W. E. Brickell, of Orleans, and J. A. Johnson, of Rapides, were elected members.

In answer to a question, the President stated that a delegate was not a permanent member until so elected.

The President read a paper by Dr. S. L. Holcombe, of Terrebonne, on "The Neutral or Alkaline Saturation Plan of Treatment in Malarial, Irritative, and Idiopathic Fevers." After thirty minutes, Dr. Davidson moved that the reading be discontinued and the paper referred to the publication committee.

Dr Lyon read a paper by Dr. W W. Ashton, of Shreveport, on a "Rational Common Sense Faith in Therapeutics."

A. G. Friederichs, M. D., D. D. S., read an excellent paper on the "Relations of the Teeth to the General System." [We hope to furnish this paper in full, or in abstract to our readers in our next issue. Eds.]

Adjournment to 10 A. M.

THIRD DAY. Morning Session.

Call to order at 10:30 A. M. Dr. Day, the President, in the Chair.

Dr. F. II. Brickell elected a member. Drs. Boyd, of Indiana, and Wilson, of Iowa, elected members by invitation. The following resolution was offered by Dr. Lyon and unanimously adopted: Resolved, That the thanks of this society are due to and hereby tendered our Recording Secretary, Dr. P. B. McCutcheon, for his faithful and efficient service during the past two years; and that in further evidence of our appreciation we tender him an

honorarium of \$50, with the hope that he will accept the same in the spirit with which it is offered. Dr. Lyon, Chairman of the Judiciary Committee, read the committee's report. It charged Dr. G. W. Watson, of Colliersburg, Bossier Parish, of violation of the Code of Ethics, and of his obligations to the Louisiana State Medical Association in associating himself with one J. G. Ellis, a "pile-doctor." It was resolved to drop the name of Dr. Watson; the committee being instructed to call Dr. Watson before it to answer to the charge. The committee's final report will be heard at the next regular meeting.

Dr. Underhill, Chairman of the Special Committee on Chloroform, reported progress and asked that the committee be continued. Granted.

The Special Committee on the President's Address reported.

1. It could not recommend any change in the present method of affiliating parish societies.

2 The President's recommendation to send copies of the Transactions to all registered physicians in the State should be tried for one year.

3. It deems the Association too small at present to be divided with advantage into sections. The Committee on Essays, etc., should be held strictly to its duty.

After some discussion, the report was adopted. The following resolution was also adopted:

Resolved, That the Chairman of the Committee on Reports and Essays be empowered and requested to subdivide his committee into smaller sub-committees, whose duty it shall be to report respectively upon the various subjects of medicine, surgery, gynæcology and obstetrics, as recommended by the president in his address.

During the discussion, Dr. Boyd, of Indiana, said that the Indiana State Society made the constitution of the county societies. Every member of a county society became by that fact a member of the State Society; one dollar of his fees to the county society passing into the treasury of the State Society. The county society sent to the annual meeting of the State Society all the best papers presented before them during the year.

The committee on necrology made the following re-

port:

Mr. President and Gentlemen of the Louisiana State Medical Society—Your committee on necrology is pained to report the death of four valued members of your body during the year 1884:

In Ascension, Dr. A. C. Love, July 29.

In De Soto, Dr. R. T. Gibbs, in July. The following biographical sketch was kindly furnished by Dr. Allen, of Shreveport, of which this is a synopsis: Robert Truehart Gibbs graduated in the University of Virginia in 1837, and died in Mansfield, Oct. 27, 1884. His literary education was received at the University of Virginia, and his medical education chiefly at Jefferson College, Philadelphia. He came to Louisiana in 1849, and was respected and honored by the profession and the people of his parish.

In Orleans, Dr. J. C. Faget, Dec. 9: and lastly, Prof. S. M. Bemiss, M. D., in whose death on Nov. 17, the profession of this State and of the country at large mourns the loss of one of its most eminent and gifted members; distinguished as a teacher, as a sanitarian and philanthropist, as well as for his learning and social qualities, which endeared him to friends and acquaintances. His biography in the New Orleans Medical and Surgical Journal is too fresh in the mind of the profession of this State, as well as the various testimonals of respect and affection published in the same journal and in the daily press to require a more extended notice from your committee.

E. S. LEWIS, M. D. C. J. BICKHAM, M. D.

Dr. M. Schuppert read a portion of his paper on the Physiological Action of Chloroform. [We hope to have an abstract of this valuable paper in our next issue.]

The report of the nominating committee was presented, which is as follows and which was unanimously adopted:

Officers of the Louisiana State Medical Society—President, Dr. Samuel Logan: vice presidents: first vice president, Dr. E. S. Lewis, of New Orleans; second vice president, Dr. C. J. Bickham, of New Orleans; third vice president, Dr. T. J. Wolfe, of Iberia; fourth vice president, Dr. A. A. Lyon, of Shreveport; fifth vice president, Dr. Wm. Kelly, of Madison; sixth vice president, Dr. O. P. Longworthy, of East Feliciana; Annual Orator, Dr. H. D. Bruns, of New Orleans.

The place selected for holding the next meeting was New Iberia.

Delegates to the American Medical Association—Dr. S. Logan, of New Orleans; Dr. T. J. Allen, of Shreveport; W. L. Dixon, of Bossier: O. P. Langworthy, of Clinton; R. H. Day, of Red River; W. D. White, of Vermillionville; I. W. Seay, of East Carroll; Rev. C. D. Owens, of Avoyelles; F. M. Thornhill, of Bienville; Geo. T. Tusevant of Madison; T. B. Pugh, of Assumption; E. R. Fox, of Plaquemine; E. B. Price, of Rapides; Duralle, of Terrebonne; De Roaldes, of Oreans; J. W. Dupre, of East Baton Rouge.

J. P. DAVIDSON, Chairman.

I. J. NEWTON, Secretary.

Dr. Matas read a valuable paper on "The Nature and Treatment of the Continuous Non-Malarial Fevers of Louisiana." [We expect to publish this paper in full in our coming number.]

Dr. Austin, of New Orleans, read a paper on "The Inversions of the Gravid Uterus."

Adjournment to 8 P. M.

Evening Session.

Call to order, Dr. Day in the Chair.

The following members registered: Drs. W. P. Buck,

of Evergreen; T. S. Dabney, G. Farrar Patton, of Orleans; E. F. Beall, of Coushatta.

Dr. Newton moved that the names of all the members of affiliated societies be published in the Transactions.

Carried.

Dr. Samuel Logan, the newly elected President assumed the chair and announced the following committees for the ensuing year:

On Arrangements—Drs. T Herbert, G. P. Minviell, L.

G. Blanchert and T. J. Wolf.

On Organization—Drs. S. Logan, E. S. Lewis, C. J, Bickham, T. J. Wolf, S. S. Herrick, A. A. Lyon, Wm. Kelly, O. P. Longworthy.

On State Medicine and Legislation—Drs. S. E. Chaille, J. P. Davidson, E. M. Hooper, P. B. McCutcheon, J. W. Dupree, F. W. Parham, S. S. Herrick, T. J. Allen.

On Scientific Essays and Reports, Etc.—Drs. A. A. Lyon, I. J. Newton, T. S. Dabney, J. H. Bemiss, C. D.

Owens and J. C. Brown.

On Publications—Dr. R. Matas, G.B. Lawrason, L. F. Salomon, P. B. McCutcheon, S. S. Herrick, F. W. Parham.

On Judiciary—Drs. R. H. Day, Thos. Layton, T. T. Tarlton, Joseph Jones, Alonzo Givins and W. P. Buck.

The society adjourned to meet at New Iberia on the second Wednesday in April next.

ABSTRACTS EXTRACTS AND ANNOTATIONS

MEDICINE.

THE GULSTONIAN LECTURES ON MALIGNANT ENDOCARDITIS.

In the *British Medical Journal* of March 7. 14 and 21 are found the Gulstonian Lectures delivered by Prof. William Osler, of the University of Pennsylvania. These

lectures give the most complete exposition of the subject, ulcerative endocarditis, or, as he prefers to call it, malignant

endocarditis, which has yet been made.

There may be an acute or a chronic form. Anatomically, the acute form may be subdivided into various forms, as the plastic, papillary, verrucose, fungous, ulcerative, etc.: etiologically, the varieties are as numerous as the diseases in which it occurs, as puerperal, scarlatinal and the like; clinically, we have two classes, the simple and the grave. Cases are said to be primary or secondary, but there can be found to exist no essential anatomical or pathological differences. Anatomical classification would group together cases widely different, clinically. The term ulcerative is in general use, but does not include those cases where no actual destruction of tissue has taken place and yet manifest severe constitutional disturbance. The clinical classification into simple and malignant cases, whether ulcerative or vegetative, is the one of most practical value.

Malignant endocarditis occurs as: 1. A primary disease of the lining membrane, rather predisposed to by constitutional debility or previous valvular disease; 2. A secondary affection to many diseases, especially rheumatic fever, pneumonia, scarlet fever, diphtheria, ague; 3. An associated condition in septic processes, traumatic or puerperal. The lecturer then discusses in order the anatomical, the clinical and lastly the etiological and pathological charac-

ters of the disease.

The lesions, by no means uniform, may be vegetative, ulcerative or suppurative, either alone or in combination and in all degrees of intensity. He relates a case which proved fatal, the endocardium showing simply vegetations without ulceration. The combination of ulcerative and fungating outgrowths he thinks the most common condition. The ulceration may vary from simple abrasion to destruction of a valve or deep involvement of the muscular substance. The vegetations vary considerably in appearance and consistence, from soft, greyish-white masses to large cauliflower excrescences, with deep jagged fissures, or long pendulous, stalactitic masses. The friction of these masses against the wall may produce numerous smaller vegetations. Conservative changes may take place; fibroid induration of the deeper parts, the superficial remaining unchanged or necrotic. Two conditions are to be distinguished from malignant endocarditis, namely, atheromatous degeneration in sclerotic valves, and the firm, white globular thrombi of the auricular appendices and of the interstices of the columnæ carneæ of the ventricles.

Histologically, fresh endocardial vegetations are made up of round and fusiform cells derived from the sub-endothelial layer. Varying with the rapidity of the growth the mass will resemble granulation-tissue or a fibrous outgrowth. Sometimes a cap of fibrin is deposited on the growth and in this are found, more or less abundantly, the

blood-plates of Bizzozero.

The larger vegetations consist of a granular material, composed of altered and dead tissue elements, fibrinous exudation and colonies of micrococci. He regards the micrococci as constant elements in these vegetations. They vary greatly in number and arrangement, occuring singly or in groups, most abundant in the deeper layers. Some of the smaller vegetations seem almost exclusively made up of them. Klebs has distinguished two forms, one, found in septic, the other, in rheumatic cases. Small elong ated bacilli have also been found, and Cornil, having found the bacillus tuberculosis in endocardial vegetations in a case of phthisis, expresses the opinion that we shall, before long, have accurate knowledge of a variety of micro-organisms in endocarditis, depending upon the nature of the primary disease.

The local effects of the ulcerative changes are important. Perforation of a valve-segment is extremely common, the hole being clean-cut or irregular, or sometimes great fungous vegetations may completely close and conceal the perforation. Erosion of the chordæ, ulceration of the heart-muscle, leading to perforation of the septum or of the wall of a chamber, the production of aneurisms

of the heart or vessels, are some of the effects.

Sclerotic or malformed valves are especially prone to acute inflammation and fusion of two aortic cusps is nearly

always followed by sclerotic changes.

Of associated pathological changes we have, first, those connected with the primary disease, and, second, those resulting from embolism. These latter may be divided into "those without embolic processes, cases in which the infarcts are simple, not suppurative, those in which there are innumerable suppurative infarcts," and mixed cases. In marked malignant cases these embolic features may be

absent. They may not be suppurative, but simply hæmorrhagic, though in traumatic and puerperal cases the infarcts are invariably septic. The spleen is most often the seat of infection, then the kidneys. The lungs are usually affected when the right side of the heart is involved. These infarcts may be found also all along the gastro-intestinal tract, forming in some instances numerous miliary abscesses. Gastric ulcer has resulted in this manner. The liver may be similarly affected and pleurisy and pericarditis are not uncommon complications. The cerebral lesions may be meningeal or of the brain substance, manifested by meningitis or various paralyses

It would be difficult to present a satisfactory clinical picture of this disease. "The general symptoms are those of a febrile affection of variable intensity," ushered in with rigors, pain in the back, vomiting, headache, etc. Prostration, delirium, sweating and other signs of severe constitutional disturbance are generally present. Arising in the course of some other disease, the symptomatology partakes of that of the primary affection, additional symptoms and signs manifesting themselves owing to the local car-

diac implication and its results.

So diverse are the features of malignant endocarditis that Dr. Osler has attempted to arrange them into groups. In the first group are placed those cases in which the endocarditis is merely a part of a septic or pyæmic state, resulting from an external wound, a puerperal process or an acute necrosis, about 18 per cent. of the doctor's cases being of this nature; the septic cases do not strictly come within the province of the physician, but must be taken into account in a description of the disease. These cases

arise through the venous system.

In the pyæmic cases, the clinical features are of a decided pyæmic type, the metastatic lesions are in the territory of the arterial system and have their source in the heart. Two varieties of these cases may be made out:

1. Those of ordinary pyaemic type; 2. Those marked by a singularly regular intermittency of the pyrexia. The cases may resemble so closely cases of quotidian or tertian ague as to make it almost impossible without a necropsy to differentiate, though the absolute failure of quinine may cause one to question the diagnosis of malarial trouble. The typhoid type is, however, by far the most common. The main feature is the irregular character of the fever, but sometimes, the cardiac affection being masked, the

course of temperature may so simulate typhoid as to make diagnosis difficult, except after death. In the second group are placed the cardiac cases, that is those occurring in patients the subject of valve-disease, who suddenly show evidences of fresh endocarditis, accompanied by febrile symptoms. These cases may present teatures of the pyaemic, typhoid or cerebral types, in some may be intensely acute, in others mild and chronic. In the third group are the cerebral cases, in which the earliest observed symptoms, or the most marked, are cerebral or cerebro-spinal. Some are first seen in coma, or the symptoms may be those of meningitis.

The course of endocarditis presents many variations, some cases running their course in a week, others lasting even two or three months, though rarely prolonged beyond

four or five weeks.

As regards diagnosis, this is frequently so difficult that many skillful diagnosticians have been unable to discover the trouble until *post mortem*. In the group of cardiac cases, the diagnosis is easy enough, the irregular type of fever taken with the physical signs being sufficient, but in other cases, the cardiac affection not being apparent, it may be difficult to differentiate from quotidian or tertian intermittent, from typhoid, typhus, cerebro-spinal meningitis or even hæmorrhagic small-pox. In pyæmic cases, the diagnosis must be made between ordinary septic infection from a wound and auto-infection from a primary endocardial inflammation

In determining the etiological relations of malignant endocarditis, Dr. Osler has gone over the records of 200 cases. 37 of these occurred in connection with traumatic and puerperal pyæmia, in 45 no record of previous disease, in 127 cases there was a possible connection with past or existing disease. Middle life gives the greatest number of cases, young children being rarely victims; of 160 cases (exclusive of traumatic and puerperal), 99 were males, 61 females. Debility and addiction to drink predispose; sclerotic valvulitis is a very important etiological factor. Of the 127 cases, secondary to other disease, in 53 there was a history of rheumatism, past or present, in 54 the attack was associated with pneumonia, diphtheria was rarely associated, with dysentery a few cases, in the eruptic fevers a few cases, and even in the course of malarial fever a few cases have developed.

With regard to pathology, Dr. Osler speaks with due

caution, not allowing himself to be carried away by the attractiveness of the theory. Accepting as a plausible explanation the mycotic pathology of malignant endocarditis, he yet feels hesitation in urging it. We do not yet know with sufficient accuracy the frequency of occurrence of the microbes in the disease, we want to know the varieties of microbes in secondary endocarditis and their relation to those of the primary disease; and thirdly, we are only on the threshold of inquiries concerning the culture of these organisms, the mocroscopic characters of their growth and the possible experimental production of endocarditis.

THE INOCULATION OF MALARIAL BLOOD: RECENT EXPERIMENTS.

It will be remembered by our readers that some time ago Professor Gerhardt while investigating the nature of the malarial poison, abstracted some blood from a patient suffering with intermittent fever and inoculated with it two healthy persons. The conclusions arrived at by this observer were published in our May number, 1884. The experiments of this observer, which were very carefully conducted, are highly interesting because they bear directly on the contagiousness of the disease. His results were very favorable to the inoculability of the malarial poison and thus far his observations have been confirmed by competent investigators. The most recent of these are Drs. Mariotti and Ciarrochi, whose conclusions we reproduce from the Manchester Medical Chronicle:

Drs. Mariotti and Ciarrochi were able to secure as subjects for experiment, patients who had either not had malaria, or had not suffered from it for so long a time previous that no trace of the disease remained. The precaution was taken of registering their temperature for a month before the experiments commenced, and the blood of the subjects of experiment was submitted to accurate microscopic and spectroscopic analysis by Marchiafava and Rossoni.

The arms of the malarial subjects and of the experimental subject having been first washed with a weak solution of corrosive sublimate, a Pravaz's syringe, sterilized at a temperature of 150 C., and kept up to the moment of experiment sealed in a glass tube, was used to withdraw the malarial blood, which was then injected into

the experimental subjects, first into the subcutaneous tissue and then into a vein. The quantity of blood injected was each time a gramme, taken either in the apyretic state preceding an attack, or in the febrile access. In the choice of malarial subjects, the investigators were guided by the researches made into the blood of malarial subjects by Prof. Marchiafava and Prof. Celli, those cases only being chosen where the alterations in the blood described by them were distinct (pigment bodies, etc.) The experimental subjects were: (1.) A youth, æt. 16, suffering from transverse lumbar myelitis; (2.) A man, æt. 32, affected with sclerosis in patches; (3.) A man, æt. 47, who also had sclerosis in patches. These three had not previously had malaria. (4.) A man, æt. 60, affected with hemichorea. This man had had malaria ten years before, but not since. The subcutaneous tissue was the first site of injection, but no results following, the injections were made direct into a vein. In all malarial fever, amenable to quinine, followed, though not perhaps from the first injection of malarial blood.

The conclusions arrived at were: (1.) Malaria is transmissible from man to man by inoculation of malarial blood. (2.) So far as these cases go, it would appear that subcutaneous injection is less effective than intravenous. (3.) The quantity of blood injected should amount to at least one Pravaz syringeful; (4.) In whatever period of malaria the blood is withdrawn, fever is produced in most instances; (5.) The rapidity with which the induced malady appears, depends often on the quantity of blood injected, and on the individual resistance of the experimental subject; (6.) In the blood of the subjects of induced malaria, the characteristic alterations of malarial blood can be made out in a relatively short time; (7.) The induced type of fever is often that of the inducing

SURGERY.

not only in a clinical but also in a therapeutic sense.

EXTIRPATION OF THE GALL-BLADDER.

In the Royal Academy of Medicine of Belgium, Dr. Heyrman read a communication in which he stated that Professor Thiriar, of

Brussels, had performed extirpation of the gall-bladder in a patient, who suffered from hepatic colic, due to biliary calculi, and who had been treated unsuccessfully for four years. In view of this case, followed by cure, the author of the communication says that the surgeon is justified in attempting a radical cure of biliary calculus by extirpation of the gall-bladder, but only when the crises are violent and rebellious to all forms of medical treatment.

In the discussion upon this subject, Dr. Cramiux declared himself an advocate of a vegetable diet as a curative measure; this, it is claimed, has cured lithiasis, no matter how long the patient may have suffered, or to what troubles it

may have given rise.

Dr. Hambursin said that calculi are found not only in the gall-bladder, but also in the liver itself; hence he considers as very problematical the complete cure by extirpation of the cyst.—El Dictamen, of Madrid.

CICATRIZATION IN BLOODVESSELS AFTER LIGATURE.

In a highly classical and interesting paper* upon the Cicatrization in Bloodvessels after Ligature, Dr. N. Senn, of Milwaukee, Wis., from original researches as well as from a thorough study of the literature on the subject, reaches the following important conclusions:

I. All operations on bloodvessels should be done under

antiseptic precautions.

II. The aseptic catgut ligature is the safest and most reliable agent in securing provisional and definitive closure in bloodvessels.

III. A thrombus after ligature is an accidental formation which never undergoes organization and takes no active part in the obliteration of a bloodvessel.

IV. The intra-vascular, or definitive cicatrix, is the exclusive product of endothelial proliferation and connective

tissue.

V. Permanent obliteration in arteries takes place in from four to seven days; in veins in from three to four days.

VI. In ligating vessels in aseptic wounds the vessel sheath can be opened freely without compromising the integrity of the vessel tunics, and such procedure renders the operation safer and easier of execution.

^{*}Read before the American Surgical Association.

VII. The double aseptic catgut ligature should be preferred to the single ligature in ligating large arteries in their continuity near a collateral branch and should always be employed in all operations of tying varicose veins in their continuity as the safest and most effective measure in producing definitive obliteration.

GYNÆCOLOGY, OBSTETRICS AND PÆDIA-TRICS.

STILL-BIRTHS.

Two papers lately given to the profession on the subject of still-births furnish a very interesting summary of their frequency and causes, Dr. Thomas Sozinskey, in the Medical and Surgical Reporter Philadelphia, April 4th, 1885, after confessing with regret the inaccuracy of statistics gives us the following results of extensive researches made by him. He finds that in a series of ten years ending with 1883, the proportion of still-births to the whole mortality in the city of Philadelphia, has been in the rate of I to 21.4 or nearly five per cent. Taking a whole State into consideration, he says: It is of course much smaller, but varies very much in the different States. The most favorable statistics come from New York, I to every II2.I; then comes Massachusetts; then Iowa, Indiana, Virginia, Wisconsin, Pennsylvania, Illinois, Louisiana, and finally, the least favorable, Georgia with a proportion of 1 to 24.5, or about four per cent.

Thus he concludes that the northern States are most favorable to births of living children. He cautions us, however, that in comparatively new States birth rate is higher, and death-rate is lower than in the more densely populated ones, and that this may have much to do with explaining

the favorable statistics of the northern States.

The proportion in different cities of Europe ranges from Stockholm the most favorable (1 to 36) to Strasburg (1 to 11). Quetelet in his investigations into this subject, on comparing city and country statistics, has found as the average for cities, 1 to 20.4; and for the country, 1 to 38.2. This may be explained by the poorer state of development and health of parents in cities.

Again, the number of the still-births was found greater in the cold half than in the warm half of the year by onetenth. September seems to be the month which offers the best chance for the child's being born alive, having the greatest number of births and the fewest number of still-births to its credit. May is the worst month. The later in spring a confinement occurs, the less chance for the fœtus; the later in summer, the greater. If a child passes the last period of its sojourn in its mother's womb, during the warm months it stands the best chances of getting out of it safely.

As to the relative frequency of female and male stillbirths Dr. S. finds that in Philadelphia, for ten years ending 1883, the proportion is 100 to 132. In France for ten years ending in 1875, there were 144 male still-births to every 100 female. Quetelet explains this difference in the

following manner;

"The conception of a boy supposes a certain excess of force (exces de force) in the woman. This excess should continue during pregnancy. Should there be a decline, the infant will suffer much more likely if it be a boy than a girl." Excess of size, Dr. S. adds, is certainly another cause, so also is the excess in the number of male births, which in Philadelphia bears the proportion of 110 to 100. He then devoted a few lines to mentioning the causes of still-birth and finishes with the regret that statistics are much vitiated by not requiring the cause of the still-birth to be given.

Dr. John Shrady at the meeting of the New York County Medical Society, in his paper confines himself to the "ætiology of still-births," regarding statistical tables as practically useless. They varied greatly in the summing up. They threw very little light on the cause of death. The death rate was much greater than was warranted, on account of the law requiring the burial of the fœtus at any age, as a means for the suppression of crime, and finally, they do not show what lives might have been saved with

proper attention.

This fact, he says, is certainly evident, that allowing for exaggerations in the records, still-births are uncomfortably frequent.

Syphilis may be placed in the front rank of devitalizing agencies. The female being more likely to transmit this taint than the male.

Malarial and uræmic poisoning, and eruptive fevers are prolific of danger, but uræmic poisoning by far the most.

Phthisis may be classed as doubtful as a cause of still-births.

Among the local causes metritis holds a prominent place. Malformations, mostly through producing abortions at an early date.

We have diseases of the placenta also as a cause. Placentitis, altogether denied by some, by others is divided into (a) congestion, (b) hepatization and induration, and (c) suppuration, and fatty degeneration, a much abused term. It is questionable whether the latter is cause, or a result.

Dr. S. then says that Dr. Chas. A. Leah read a paper, before the New York Academy of Medicine, advocating it as a cause.

He also quotes a case in which after many successive abortions, the use of chlorate of potash and tinct. of chloride of iron, brought two pregnancies to a successful termination.

He made only a passing reference to tuberculous, calcareous, fibrinous and waxy degenerations of the placenta. To finish with the maternal side he gives, chronic obesity, mechanical injuries and prolapsed funes as contributing their quota.

On the fœtal side, the pathology of the fœtus is still obscure, post mortem being scarcely ever made except in suspicious cases. However, Dr. S. has found in one instance 2 quarts of urine in the bladder, in another instance, an umbilical hernia containing the liver, besides a number of serous effusions and apoplectic clots.

The object evidently of these two papers is to impress upon the profession that there are constantly occurring a large number of preventable still-births.

The statistical inquiries though necessarily imperfect are valuable as showing how important the inquiry might be with more accurate records. The causes discussed in the second paper will appear familiar to all our readers but by grouping and bringing them forward as Dr. Shrady has done, that prominence will be given to the subject, which discussion always brings, and we hope it will be productive of much good.

OPHTHALMOLOGY.

THE USE OF THE OPHTHALMOSCOPE IN THE DIAGNOSIS OF BRAIN DISEASE.

By W. FRANKLIN COLEMAN, M. D.

The symptoms of brain disease are in many cases so uncertain and conflicting that some precise method of examining this organ is greatly to be desired, but locked within its bony case it defies all ordinary means. The genius of Helmholtz and Von Græfe, the patient labours of Sichel, Sæmisch, Lebreich, Schweigger, Wells, Jackson, Allbut, Gowers and others, have enabled us to inspect the intraocular end of a cerebral nerve and to derive from its appearance much valuable knowledge.

The changes produced by brain disease in the intraocular end of the optic nerve—the disc, or papilla—are congestion, inflammation and atrophy. This atrophy may be primary, appearing without signs of a previous neuritis, or

consecutive, the sequel of an inflammation.

The indication of hyperæmia is an abnormal redness which has a tendency to blur the edge of the disc. Comparing the discs, and noting whether the redness increases from time to time may give some help. The congestion of the papilla may be a simple hyperæmia, or it may be attended by ædema producing "choked disc," or congestion papilla. The signs of neuritis and choked disc are similar, and vary with the stage. In the first stage the disc is slightly swollen and red, and the edge though blurred, may still be distinguished, while in intense papillitis the disc is prominent, [striated, "woolly," often flecked with blood—Eds.], and its colour so blended with that of the surrounding choroid that it can only be distinguished as the point of convergence of the retinal vessels. Impairment or loss of sight is the chief symptom in intense neuritis, though there may be marked neuritis without any impairment of sight. Pain in the eyes is rare; sight usually begins to fail first in one eye, and it may fail completely in a day or two, or decrease very slowly. Restriction of the visual field, and defective colour vision are common.

Atrophy is characterized by pallor, and later by depression of the disc. There is impairment of vision usually

more marked in one eye, and concentric contraction of the

field. Colour vision is frequently defective.

Authorities agree that optic neuritis is a common symptom of intracranial disease. That the symptom may possess diagnostic value we must bear in mind the extracranial causes which produce, or are associated with it: Such are, albuminuria, tobacco, alcohol, lead poisoning, the exanthemata, suppression of the menses, pernicious anæmia, [also the anæmia due to chronic malarial poisoning—Eds.], loss of blood, exhausting diseases, neuralgia of fifth nerve, rarely secondary syphilis, and tumours in the orbit. It sometimes occurs without obvious cause. Simple congestion of the disc very commonly precedes atrophy. It is frequently the first stage of tobacco amaurosis, the last being atrophy.

Choked disc or hyperæmia with ædema owns the same causes as neuritis, viz: tumours, meningitis and hydrocephalus. The neuritis of tumour is double, rarely unilateral, and it seems usually to appear late in the course of tumours. Dr. Jackson points out that the neuritis often coincides in its onset with a marked increase of the other symptoms of cerebral tumour. Neuritis may occur in tumour of any size or kind in any part of the brain, but it is rare in tumour of the convexity, common in that of the base, and most common in that of the inferior lobes. The same rule applies to meningitis, whether due to tumour or not. The inflammation probably spreads along the optic tracts and nerves to the papilla.

Allbut thinks that *primary* atrophy of the optic nerve is usually due to mischief at the base (tumour), or to ventricular dropsy, which may compress and sever the nerves or tracts at some point in their course.—*Maryland Medi*-

cal Journal, March 28, 1885.

DOES TOBACCO PRODUCE AMBLYOPIA?

By W. Fraklin Coleman, M.D.

Tobacco belongs to the family solanaceæ comprising many poisonous members. Its active principles are the

alkaloid nicotine and the volatile oil nicotianin.

According to Claude Bernard, nicotine produces contraction of arteries, followed by dilatation. This agrees with the physiological observations of Uspensky that nicotine first stimulates, then paralyses the vaso-motor centres.

Hard smoking is frequently associated with hard drinking, and some are inclined to believe that the amblyopia in question is due to alcohol. Dr. Coleman believes that tobacco is the essential agent. In a report of twenty cases of this form of amblyopia by Dr. Webster, of New York, two were men who rarely tasted alcohol. McKenzie, in 1840, pointed out that tobacco might produce amaurosis. Wordsworth, Critchett, Hutchinson, Berry, Wolfe, Gowers, Wells, Nettleship, Noyes, Williams, Stillwag, Schweiger, Grünfield, Mittendorf, Mayer and De. Wecker are convinced that tobacco does produce impairment of vision. Opthalmoscopic signs may or may not be present. When these signs are present, the first stage is characterized by transient redness of the papilla. Palor of the outer half of the disc follows, succeeded in time by every appearance of optic atrophy. The stages generally occupy from four months to a year. The final result may be blindness, but the disease may pause at any point. Berry cites two cases of tobacco amblyopia in men who did not drink. He has looked out for the disease in women, but only found three cases. These three women smoked to excess. He remarks, with other observers, that the sight often improves without treatment when smoking is given up, and this without diminution in the amount of alcohol taken. Central colour-blindness i sa common symptom. Red appears blue, green white, grey and yellow. Only three authorities (so far as Dr. Coleman knows), Carter, Lawson and Roosa dissent from the general view. These believe themselves supported in their opinion by the facts that so small a per cent of smokers suffer, and that in Turkey where every one smokes the disease is said to be unknown. Many dram drinkers, however, escape cirrhosis, and many exposed to cold and wet do not have rheumatism. Idiosyncrasy plays an important part. The quality of the tobacco is better and the mode of smoking less injurious with the Turks than with Western nations. Dr. Coleman cites from his own practice four well-marked cases of amblyopia produced by tobacco alone.

The treatment consists in cutting off tobacco and using strychnine and electricity. Prognosis is good.—Maryland

Medical Journal, March 14, 1885.

REVIEWS AND BOOK-NOTICES.

The London Medical Student and other Comicalities. Selected and Compiled by Hugo Ericksen M. D. Published by Dr. H. Ericksen, 11 Farmer St., Detroit, Mich. Price \$2.00.

Medical Rhymes. Selected and compiled from a variety of sources, by Hugo Ericksen, M. D., with an introduction by Prof. Willis P. King, M. D. Chicago: J. H. Chambers & Co. 220 pages.

The first of these entertaining books consists of a series of letters, of unknown authorship, describing the habits

of that strange animal, the medical student.

Those who have been through the mill will recognize at once the accurate portraiture of the aforesaid animal; and they will rise from the perusal of the book amused, and none the worse for the flight that memory takes back to that rough period of transition in which an ordinary mortal is transformed into one occupying a position to which all the world looks up.

"Medical Rhymes" shows the fortune and vissitudes that fall to the lot of the doctor, as well as the pathos and humor of a physician's life. Both books are full of entertaining matter, and time spent in reading them should not be counted as lost.

A. McS.

ANNUAL REPORT.

The seventh Annual Report of (1884) of the Presbyterian Eye, Ear and Throat, Charity Hospital of Baltimore, with which Dr. Julian J. Chisholm has been so long connected has just reached us. The report tells us that the governors of the institution remodeled and enlarged it last summer, so that it is now one of the most elegant, commodious special hospitals in the country. In spite of the inconvenience caused by these repairs the attendance for the past year was 4,579, while 748 operations were performed during the same time.

At the end of the report Dr. Chisholm has very enthusiastic notice of cocaine hydrochlorate. He has performed many

operations on the eye under its influence, and is inclined to think that the drug acts favourably in lessening the risk of inflammation after cataract extraction. He has found it satisfactory in chronic glaucoma, but not so prompt or certain in its action in cases of acute glaucoma, where the eye ball is congested and hard. Of four cases of enucleation in which cocaine was used by instillation and injection, chloroform had to be administered in three; in one a stolid person, the operation was comparatively painless.

The directors and Surgeon in charge, Dr. Chisholm, are to be congratulated upon the happy close of the seventh

year of this excellent institution.

One Hundred Years of Publishing. 1785-1885. Philadelphia: Lea Brothers & Co.

In the history of the famous publishing house of Lea Brothers & Co., is written the greater part of the history of American medical literature. Founded by Matthew Carey in 1785, it has withstood the storms and vicissitudes of a century's life and now it stands pre-eminent as an establishment that promotes and fosters scientific literature, and one whose name is synonymous with uprightness and

just dealing.

Matthew Carey was born in Dublin in 1759. He selected the occupation of printer and bookseller. His ardent, youthful temperament led him to embrace causes which resulted in his departure from his native soil, and the adoption of America as his future home. Here again his restless energy asserted itself, and we soon find him the editor of an enterprising newspaper, and later on, find him stretched out for sixteen months from a bullet lodged in his backbone, sent there by a rival editor in a duel brought about by a free interchange of the ardent journalistic amenities of those stirring times. Mr. Carey soon added a monthly magazine, "The Columbian," to his publications. This magizine had but a brief existence, but was followed by "The American Museum," which enjoyed the patronage of Washington, and numbered among its contributors many leading men of the day. The enterprising editor was not content with mere journalism, but soon began to publish books; and in time this branch of the business assumed grand proportions for that period. The most important venture was the Bible, in quarto, both the Douay translation and the Authorized Version, which for a long time, were the only quarto Bibles of American manufacture in the market.

From an early period the house had directed its attention to medicine. In 1820, it founded the "Philadelphia Journal of the Medical and Physical Sciences." Later on the sphere of the periodical was enlarged from that of a local to that of a national medical journal, under the name of "The American Journal of the Medical Sciences." This journal was under the charge of Dr. Hays for more than fifty years; and at his death, he was succeeded by his son, Dr. I. Minis Hays, who is still its editor. Between 1840 and 1850, the policy of the house changed, and its whole attention was directed to medical publication. That policy has been maintained to the present day; and now, when the fourth generation of proprietors looks back upon the brilliant career of the house, they can well feel proud of the great aid given to medical culture, and of the unsullied name which has been handed down to them.

A. Mc S.

BOOKS AND PAMPHLETS RECEIVED.

Massage; The latest handmaid of Medicine. By Benjamin Lea, A. M. M. D. Ph. D. Philadelphia: Extracted from the Transactions of the Medical Society of the State of Pennsylvania, for 1884. Philadelphia. 1884.

A Clinical illustration of the value of combining motion with extension in the treatment of disease of the Hip. joint. By Benjamin Lea, A. M., M. D. Ph. D., of Philadelphia. 1884. Transactions Medical Society, State of Pennsylvania.

Report to the Board of Health of the State of Louisiana on the Sanitary Condition of the Island of Jamaica. By Lucien F. Salomon, M. D.

International Medical Congress, Ninth Session. To be held in Washington, D. C., in 1887. Rules and Preliminary Organization. Washington, D. C. 1885.

Oxygen as a remedial agent. By Samuel S. Wallian, A. M., M. D. Reprint from the Medical Record.

Review of the Drug trade of New York, for the year 1884. Prepared by D. C. Robbins, Esq. For the Twenty-Seventh Annual Report of the Chamber of Commerce of the State of New York.

Does Tobacco produce Amblyopia? By W. Franklin Coleman, M. D., M. R. C. S., Esq. Balto, Maryland.

Transactions of the Sanitary Council of the Mississippi Valley. Meetings held in New Orleans, Tuesday and Wednesday, March 10th and 11th, 1885. Prepared by John H. Rauch, Secretary.

The London Medical Student and other Comicalities. Selected and compiled by Hugo Erickson, M. D. Recently Protessor of Neurology, in the Quincy School of Medicine, etc. Detroit, Mich. 1885.

Proceedings of the State Board of Health of Kentucky. Quarterly meeting held at Louisville, March 16th and 17th, 1885.

ITEMS.

According to the (Gazette des Hopitaux) venereal diseases are steadily increasing in Paris. Formerly few cases of venereal disease were seen in hospitals, except the two specially set apart for the purpose; but now, so widespread are these diseases, that about sixty patients were seen in the clinic of Prof. Fournier, in the Hospital Saint Louis.

Often the patients are young girls who go to Paris to obtain employment as servants, and who in a few weeks lose their health. Paris was once rightly considered as one of the healthiest capitals, from a venereal point of view, and infinitely more so than Berlin, Vienna or London; but things have changed, and all owing to neglect of the old

hospital and police regulations.

Formerly, when a venereal patient was sent to a hospital, she could not leave unless she were cured to that degree that she would not spread contagion. The regulation of prostitution was very strict. To avoid being sent to Saint-Lazare, prostitutes had to be supplied with tickets, and to submit to periodical visits. As soon as a woman became contaminated, she was transported to the hospital, and isolated, which is the only efficacious way of treating contagious diseases. At present, however, the police of morals is entirely disorganized, or at least it is no longer exercised in a useful manner. Prostitutes are not registered, for the greater part. They can freely exercise their calling; and when they enter a hospital, they can leave it at pleasure, and often in a condition to spread contagion on all sides.

Many causes operate to spread venereal affections in Paris; but no matter how varied the causes, the disquirting fact forces itself upon the consideration of hygienists and

legislators.

We regret to learn that the American Journal of Neurology and Psychiatry, edited by Drs. McBride, Gray, Spitzka, Starr and Brill, of New York, will discontinue its publication with its April number, ending the third volumne since its existence. This publication contained some of the most valuable and learned contributions that have ever been made to psychiatry and neurology in this country, and with its loss one of the most dignified and worthy exponents of American medical literature will cease to exist.

From Madrid comes the intelligence that two cases of Asiatic cholera have been discovered at Salamanaca, near Valencia, and that in the same place one death has been already caused by the scourge.

The trustees of Jefferson Medical College, Philadelphia, have elected Prof. J. W. Holland as professor of chemistry and toxicology, vice Dr. J. W. Mallet, resigned. Dr. Holland graduated from Jefferson College in 1868, and for the past twelve years has been in the faculty of the Louisville (Ky.) University.

We warn all our patrons that the "Call Publishing Co." is a snare and a delusion, operated by one J. B. Gaylord. The Chicago *Tribune* has fully exposed the scheme, and the "Company's" mail has been stopped by the Chicago postmaster.

Dr. Walter Smith, of Natchez, was thrown from his buggy a few days ago and received serious injuries.

At a recent session of the Medical Association of Georgia, the Atlanta Medical and Surgical Journal was adopted as the journal of the association, and the Transactions of the association will be published henceforward in that journal.

Our valuable exchange, The Sanitary News, (May 2d), in a notice of the conference which took place in New York, between the health officers of New York, Brooklyn, Philadelphia, Baltimore, New Haven and Boston, in the latter part of April last, says: "It was also resolved

to establish a close quarantine against old rags, and allow none to be landed except after being thoroughly boiled and steamed by the super-heated steam process—the sulphur process." Instead of ending here with a full stop, this sentence should go on—the sulphur process being condemned by the conference as inefficient. In medicine and sanitary science exactness is important.

Kentucky State Medical Society.—The next Annual Meeting will be held at Crab Orchard Springs, on the 24th, 25th and 26th days of next month. The President is Dr. Pinckney Thompson, of Henderson, the Chairman of the Committee of Arrangements Dr. Ed. Alcorn, Huston-ville. Our Kentucky confreres are looking forward to an unusually interesting meeting.

A prize of 5.000 francs and a gold medal, offered by the the Emperor of Germany for the best model of a soldiers' barrack and field hospital, is to be awarded at the coming Antwerp Exhibition, and American inventors are invited to compete. The barrack must be large enough to contain twelve beds. It must be easy of transportation, made with interchangeable parts, and capable of being taken down and reconstructed.

Mr. Henry Lomb, of Rochester, N. Y., has offered, through the American Public Health Association, the sum of \$2800, to be awarded as first and second prizes for papers on the following subjects: I. "Healthy Homes and Food for the Working Classes "-first prize, \$500; second prize, \$200. 2. "The Sanitary Conditions and Necessities of School Houses and School Life "-first prize, \$500; second prize, \$200. 3. "Disinfection and Individual Prophylaxis against Infectious Diseases"—first prize, \$500: second prize, \$200. 4. "The Preventable Causes of Diseases, Injury and Death in American Manufactories and Workshops, and the Best Means and Appliances for Preventing and Avoiding them "-first prize, \$500; second prize, \$200. All essays must be in the hands of the Secretary, Dr. Irving A. Watson, Concord, N. H., on or before October 15th, 1885. The judges will announce the awards in the second week of December, 1885, at the annual meeting of the American Public Health Association. Can no Southern man be found to carry off one of these prizes?

METEOROLOGICAL SUMMARY—APRIL. STATION—NEW ORLEANS.										
DATE	Daily Mean meter.	Daily Mean Tempert'e. Daily Max.	Daily Min. Tempert'e. Daily Rain tall, inches	GENERAL ITEMS.						
1 2 3 4 4 5 6 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 Sums Means	30.110 29.932 29.918 30.049 30.056 29.931 29.987 29.987 30.217 30.155 29.869 29.869 29.869 29.869 29.975 30.103 30.108 30.011 29.990 29.984 30.032 29.984	66.4 74.69.275.65.471.59.5 64.69.3 76.70.5 75.72.2 78.66.0 72.61.8 67.60.3 370.70.9 78.72.4 80.75.681.71.7 79.70.8 75.72.2 78.67.60.3 370.2 75.681.75.681.75.681.75.68.75.68.75.68.75.68.75.68.75.68.75.68.75.68.75.68.75.68.75.75.8 74.881.75.75.75.8 74.881.75.75.75.8 74.881.75.75.8 74.881.75.75.8 74.881.75.8 74.881.75.8 74.881.75.8 74.8 74.8 74.8 74.8 74.8 75.7 75.8 75.8	1 59.8 2 61.2 .24 4 60.5 .81 0 57.8 0 65.8 3 68.5 3 68.0 6 66.0 4 6.18 .02 2 55.0 .01 0 55.6 5 62.5 1.10 2 67.2 5 62.5 1.10 2 67.2 3 66.8 2 .24 68.9 .03 2 66.9 .58 0 68.5 .36 0 68.2 .24 68.1 .22 3 68.4 .64 7 71.8 64.90	Highest Barometer, 30.273. 13th. Lowest Barometer, 29.827. 3oth. Highest Temperature, 33.2. 29th. Lowest Temperature, 51.8. 4th. Greatest daily range of Tempert'e, 16.0. Least daily range of Temperature, 5.3. Mean daily range of Temperature, 11.4. Mean Daily Dew-point, 6.14. Prevailing Direction of Wind, S. E. Total Movement of Wind, 5,742 miles. Highest Velocity of Wind and Direction, 28 Miles S. E. No. of clear days, 7. No. of fair days, 17. No. of cloudy days, 6. No. of days on which rain fell, 10. Date of solar halos, 0. Dates of lunar halos, 0. Dates of frosts, 0. COMPARATIVE MEAN TEMPERATURE. 1873. 67.0 1880. 71.2 1874. 65.6 1881. 67.2 1875. 65.3 1882. 72.5 1876. 67.1 1883. 71.4 1879. 68.6 1884. 68.2 1878. 67.4 1885. 70.5 COMPARATIVE PRECIPITATIONS. (Inches and Hundredths.) 1873. 1.74 1880. 6.88 1874. 1.3.62 1881. 3.92 1875. 8.05 1882. 7.83 1876. 6.41 1883. 7.83 1876. 6.41 1883. 7.83						
				1877						

M. HERMAN, Sergeant, Signal Corps, U. S. A.

MORTALITY IN NEW ORLEANS FROM MARCH 21ST, 1885, TO APRIL 18TH, 1885, INCLUSIVE.

Week Ending.	Yellow Fever	Malarial Fevers.	Consump- tion.	Small- Pox.	Pneu- monia	M Total ortality
Feb. 28th	0	6 3 3 3 5	19 24 27 13	0 0 0	13 10 11 4 4	129 118 120 105
Total	0	20	100	0	42	573

LACTOPEPTINE,

The most important remedial agent ever presented to the Profession for Dyspepsia, Vomiting in Pregnancy, Cholera Infantum, Constipation, and all Diseases arising from imperfect nutrition.

LACTOPEPTINE precisely represents in composition the natural digestive juices of the Stomach, Pancreas and Salivary Glands, and will, therefore, readily dissolve all foods necessary to the recuperation of the human organism.

CAUTION.

We regret that we are compelled to caution the profession in prescribing Lactopeptine, but very careful investigation has proven to us clearly the necessity of it.

Substitution of cheap and worthless compounds are being made in many cases where Lactopeptine is prescribed.

Lactopeptine is al cays UNIFORM, and its effects are SPECIFIC, and no one has ever been able to imitate its digestive value. If you do not obtain positive results when you prescribe Lactopeptine, you can be sure that some substitution has been made, and in such cases it may be necessary for the physician to prescribe Lactopeptine in the original ounce package to insure certainty of obtaining the genuine article. We can confidently make this assertion knowing the scrupulous uniformity in digestive value of every ounce of Lactopeptine.

Lactopeptine has always been kept strictly in the hands of the Medical Profession, never having been admitted in any publications but Medical Journals. It is prescribed by the most intelligent and educated physicians in all parts of the world, and there are but few physicians who have ever used Lactopeptine that will not agree with the late Prof. L. P. Yandell, when he says: "Lactopeptine is one of the certainties in medicine, and in this respect ranks with Quinine."

In the various forms of Dyspepsia, in Vomiting in Pregnancy, and in Mal-nutrition of children, there is no known remedy so positive in results.

The New York Pharmacal Association, P. O. Box, 1574.

NEW YORK.

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(SYR: HYPOPHOS: COMP: FELLOWS)

Contains THE ESSENTIAL ELEMENTS to the Animal Organization-Potash and Lime;

The OXYDIZING AGENTS-Iron and Manganese;

The TONICS-Quinine and Strychnine;

And the VITALIZING CONSTITUENT—Phosporous, Combined in the form of a Syrup, with slight alkaline reaction.

IT DIFFERS IN EFFECT FROM ALL OTHERS, being pleasant to taste, acceptable to the stomach, and harmless under prolonged use.

IT HAS SUSTAINED A HIGH REPUTATION in America, and England for efficiency in the treatment of Pulmonary Tuberculosis, Chronic Bronchitis, and other affections of the respiratory organs, and is employed also in various nervous and debilitating diseases with success.

ITS CURATIVE PROPERTIES are largely attributable to Stimulant, Tonic, and Nutritive qualities, whereby the various organic functions are recruited.

IN CASES where innervating constitutional treatment is applied, and tonic treatment is desirable, this preparation will be found to act with safety and satisfaction.

ITS ACTION IS PROMPT, stimulating the appetite, and the digestion, it promotes assimilation, and enters directly into the circulation with the food products.

THE PRESCRIRED DOSE produces a feeling of buoyancy, removing depression or melancholy, and hence is of great value in the treatment of mental and nervous affections.

From its exerting a double tonic effect and influencing a healthy flow of the secretions, its use is indicated in a wide range of diseases.

Each Bottle of Fellows' Hypophosphites contains 128 doses.

Prepared by JAMES I. FELLOWS, Chemist,
48 Vesey Street, - NEW YORK.

Circulars and Samples sent to Physicians on application.

SPECIAL TO PHYSICIANS.—ONE large bottle containing 15 oz. (which usually sell for \$1.50) will be sent upon receipt of Fifty Cents with the application, this will be applied to the prepayment of Expressage, and will afford an opportunity for a thorough test in Chronic cases of Debility and Nervousness. Express Charges prepaid upon al camples. FOR SALE BY ALL DRUGGISTS.

Vol. XII.

JUNE, 1885.



THE NEW ORLEANS

MEDICAL AND SURGICAL JOURNAL.

EDITED AND PUBLISHED BY

THE NEW ORLEANS MEDICAL PUBLISHING ASSOCIATION.

New Series—Published Monthly at \$3 per Annum, in Advance. Single Copies, 30 Cents.

> Paullum sepulta distat inertia Celata virtus.—HORACE.

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(See advertisement p. 16.)

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Tongolime is a combination of Bonga with powerful salicylates, whereby the remedial properties of the Tonga are secured and increased. Each fluid drachm of Tongolimes represents: Tonga, 30 grains: Extractum Cimicfugae Racemosa. 2 grains: Sodium Salicylate, 16 grs.; Pilocarpin Salicylate, 1-100 grain; Colchicin Salicylate, 1-500 grain.

It is taken internally and intended to reach the cause of the complaint, not merely to allay the symptoms. Contains no opium in any form whatsoever. Is attended with no injurious nor unpleasant reactionary effects.

DOSE: Teaspoonful. In acute cases every hour until pain ceases, then discontinue. four to six times per day at regular intervals. To prevent recurrence, every two hours. In chronic forms.

St. Paul, Minn., Nov. 16, 1883.

I am prescribing Township with satisfactory results. For the indefinite aches and pains of nervous patients it is superior to any other anodyne. For nervous headache or muscular rheumatism it is almost a specific.

PARK RITCHIE, M.D.

Cleveland, Ohio, July 30, 1883.

. have used your preparation, Source extensively, and have been well satisfied with its results. You are to be congratulated on the value of the article which you offer to physicians sicians, R. A. VANCE, M. D.

Plainfield, N. J., March 11, 1884.

Have used Source constantly for some months both in private and hospital practice, and found it all I could have desired.

C. M. FIELD, M.D.

St. Louis, July 20, 1883.

I have found Truckerame a useful combination in rheumatic neuralgia.
C. H. HUGHES, M.D.

Louisville, Ky., June 12, 1883.

I have used Sougardae during the past few weeks in neuralgic affections, many of them in a severe form, with the most gratifying results, and these results have been quite uniform.

T. S. BELL, M.D.

Cincinnati, March 11, 1884.

Have used Sougatime in cases of neuralgic headaches with success in almost every instance. In strictly neuralgic forms it is unexcelled. O. D. NORTON, M.D.

LIER, Sole Proprietor, ST. LOUIS.

NEW ORLEANS MEDICAL AND SURGICAL JOURNAL.

JUNE, 1885.

ORIGINAL PAPERS.

A Case of Traumatic Ostitis Requiring Multiple Resections.

By W. L. Egan, M. D., Ganesville, Texas.

On the 14th of August, Waldo Minnis, aged 5 years, was brought to the office of Dr. J. A. Landis. Mr. and Mrs. M. stated that on the 7th of August, while preparing to visit some neighbors, the child had fallen out of a wagon and caught on the break, hanging by his right arm and left leg; as soon as rescued he ceased to complain and was apparently well. August 10th, he got astraddle of the side-boards of wagon, and screamed frightfully. Again, when removed, he seemed all right. August 14th, while following his father he stopped, with his legs spread out, crying and complaining of pain in his left thigh: could walk no farther, and was carried to the house. He was then brought into town 4½ miles. Dr. L. examined him, but made no diagnosis. Gave some external remedy and a mild cathartic to be used as necessary.

Dr. L. continued to visit, and to receive reports of case, giving no other prescription and making no diagnosis, but soon stated to parents that abscesses were forming on left thigh, right hand, and forearm, and that he would have to

open them. He would bring me with him to consult and to operate if necessary. Accordingly, we visited patient prepared to use the knife. We examined carefully into the family history and could find nothing that would indicate a scrofulous diathesis.

From the history and symptoms we made a diagnosis of traumatic periostitis.

We were able to detect pus at three different points. A table was prepared and chloroform administered. The abscess on thigh seeming to point on the inside, an opening half an inch long was made below the femoral artery, to the hip joint. This drained the whole of the thigh and was for the time sufficient. The pus was of creamy color, mixed with blood, and indicated bone trouble from its character.

The probe introduced and necrosed bone found. Openings were also made in hand immediately over metacarpal joint of middle finger, and in the forearm, and no necrosed bone found. Sack in forearm healed rapidly, and soon ceased to trouble either patient or doctors. The patient was put on quinia sulph, and tinct. ferri chlor. in large doses three times a day. Wounds were poulticed with pulv. ulmus cort.

A peculiarity of this case was that at no time did the temperature increase perceptibly. August 31st, visited patient and found him doing well. No drain from pus sack on account of inflammation,

September 1st. Patients' temperature normal. Administered chloroform, opened wound in thigh with grooved director, and washed cavity out well with sol. hydrg bichlor. I to 1500. Introduced drainage tube. The lower portion of thigh not drained by opening as at first.

September 2d. Patient doing well. Temperature about normal. Complaining of lower portion of thigh, elbow, shoulder and hand. Opened sack in lower third of thigh, which had refilled; making opening on inside of same. Introduced drainage tube. Dr. L. and I continued to visit patient daily and wash out the sacks with bi-chloride sol.

until September 7th, when we took alternate days; during that time patient complained very little of thigh, but continued to complain of hand, elbow and shoulder. Another small abscess formed on hand which we opened into the former, the two being near together. Necrosed bone detected; pus forming in elbow and shoulder joints.

September 11th. Advised exsection of hip joint, Dr. L.

agreeing.

1885.

September 13th. Found that so rapid had been the destruction of bone, that contraction of the muscles had completely crushed the head and neck of femur; after consultation immediate exsection was considered safest.

September 14. With the assistance of Dr. L., I exsected the hip joint, removing the bone in three pieces. Having no chain saw, I was compelled to goose neck the shaft of femur out of the opening, and use a small metacarpal saw. The usual operation was performed with this exception. Washed out the wound with sol. hydrg bi-chlor., I to 1000, and filled it with Peruvian balsam. Closed the wound, keeping up drainage from joint with a seton of oakum. Encased the limb from knee up in oakum, held in position with bandages.

Also opened pus sacks, formed near shoulder and elbow joints; detecting necrosed bone in shoulder, none in elbow. Introduced drainage tubes and dressed wounds with poultices of pulv. ulmus cort. We hoped by exsecting the hip joint, to check the disease and give nature time to repair the lower portion of femur, as the knee joint was not at this time involved.

September 15th. Patient had reacted well from the operation, but was not yet on the road to recovery. Elbow and shoulder discharging freely; dressings on thigh not removed.

September 16th. Removed dressing; found the wound doing well; washed it out with sol. bi-chloride, I to 1500.

Lower third of femur now giving us much trouble. Kept drainage tube in lower opening. Child not doing well; becoming emaciated, restless; not properly digesting his food; bowels moving too freely. Stopped quinine and iron, and gave elixir lactopeptine and bismuth with iodo-brom, elixir calcium co.: controlled bowels with mild astringent. Up to this time pulse and temperature had continued about normal and patient's appetite, our main stay, had been good. Milk, rice, beeftea, etc., in other words, a free tissue-building diet had been given. Parents were cautioned to feed often, but not too freely.

Patient invariably awoke after chloroform, crying for milk. Small doses of morphia sulphate to relieve pain and produce sleep.

Sept. 17th. That much dreaded disease pyæmia makes its appearance, and with its onward march blasts the hope of a successful termination to my operation, and threatens the life of my patient. Who but a surgeon can imagine my feelings, when informed by Dr. L. that the patient was fast growing worse; loosing his appetite, the main stay for surgeon and patient, becoming restless, temperature and pulse above normal, mind not clear. As he seemed afraid of thermometer, and, as on account of the distance, a complete record of temperature could not be kept, it was decided not to use it.

September 18th. Patient still worse. A pale rash has made its appearance over the face and body.

September 20th. Patient worse. Rash shows plainer; am able to detect crepitus in the knee. The bone is detached from its articular surface. Stopped all former remedies, and put patient again on quinine and iron, and lactopeptine in large doses.

September 20th. Dr L. and I visited patient, prepared to amputate. We had to condemn the leg, and possibly the arm of the child, and could give the parents very little hope of his recovery."

With the assistance of Dr. L. I amputated the thigh near the junction of its middle and upper third, making a circular flap and removing the whole of the bone.

Dressed the wound with lint soaked in sol. hydrg bichlor., and directed that the dressing be kept moist with same. Child rallied slowly from operation, and continued to grow weaker until about three o'clock next morning, when he began to show signs of improvement.

September 21st. Patient resting quietly; stump not disturbed.

September 22d. Stump looking well; patient bright; rash disappearing; appetite returning. Temperature and pulse about normal. Small pimples making their appearance about face and head, which when opened discharged pus out of proportion to their size.

September 23d. Patient improving rapidly. Hand, elbow and shoulder continue to discharge.

September 24th. Patient showed marked improvement. Pimples still making their appearance on face and head. Ordered comp. syrup of the hypophosphites.

As the patient gained flesh and strength, the wounds healed and soon ceased to discharge except through sinuses. With forceps I removed at different times spiculæ of necrosed bone from the hand, and it ceased to trouble us. The metacarpo-phalangeal joint is destroyed and the finger droops.

October 7th. Stump healed. A portion of ligature on femoral artery was retained and kept open two sinuses. Dressed wounds, shoulder, elbow and stump with vaseline. In the elbow there was every indication of necrosed bone, but none could be found. We received favorable reports from our case, and saw him once a week in our office.

November 19th. We visited patient for the purpose of operating. The child greeted us with a smile, looked well, and weighed 27 lbs., within three pounds of his former weight.

With Dr. L.'s assistance I exsected the shoulder joint. Nature having come to our assistance, we had very little trouble, the diseased head of the bone being entirely separated from the sound shaft.

The portion removed, about an inch in length, was so

thoroughly carious that it clumbled, and could only be gotten out in small pieces. I then cut down on the elbow joint and found that a small sinus led to the bone. The probe was introduced and the lower end of humerus was found to be so completely destroyed as to leave only an external shell. About an inch was removed together with the olecranon process of the ulna. Finding some trouble in using the chain saw, the exsection was performed with mallet and chisel. The wounds were dressed as in first instance.

November 20th. To our surprise we found patient sitting up, laughing and playing as if nothing had happened,

November 21st. Dress wounds and find them healing nicely by first intention. Continue to dress wounds every other day for sometime; child steadily improving, and wounds healing as fast as could be expected. Have no record of case since 21st.

The father soon reported that a piece of thread had been found on dressings of stump and that the child was entirely well.

When last visited he was beginning to walk around a chair by hopping, and to use his arm.

A few weeks ago he was brought into my office and surprised all the physicians who saw him by the use of his arm.

By a careless ocular examination one would hardly detect the absence of shoulder and elbow joints.

The motions of right arm are more jerky than those of left, but the position is good and his grip remarkably strong. He can easily put his hand to his nose and mouth, back of his head and opposite shoulder. Can whittle by resting his arm on knee, and can handle a pencil well, his middle finger not being in his way.

The Question of Clothing.

By Thomas Hebert, M. D., of New Iberia, La.

Admitting that habits which have become more or less instinctive, and which may be classed as race or general

1885.7

instincts, exercised by the majority of human beings, may, by wrong tendencies acquired at the beginning of their development, be otherwise than beneficial, it follows, that reason in the course of time and judgment and broader perceptions of laws and their application in brute nature, in our lives, and in our surroundings, must deal with the problem of eradicating such customs, habits, conditions and procedures as are found, in human experience, to be pernicious to the individual and the species.

That there are many habits and customs of this nature extant among men is evident from the facts gleaned by our observations in regard to the etiology of diseases.

Herein lies the grand question of Prophylaxis of Disease. Here is the principal mission of the physician, as a monitor and benefactor of the human race.

The instinct of clothing oneself is an outcome of civilization, and should be perfected as human experience and needs may suggest. No doubt can possibly exist as to the certainty of development in this direction. We are clothing ourselves better than our ancestors. They clothed themselves better than their predecessors, and these better than barbarians; while the savages fail to clothe themselves at all. Then, this great instinct, arising from necessities of climate and surrounding circumstances, growing from a higher and gradual grading of moral perceptions and needs has in the lapse of ages become more or less, one of the fine arts, that a Worth, in Paris, or some great London tailor, seeks to perfect.

But we can, with a single eye, see many imperfections still in this very important need of life—clothing. It stands next to eating and washing. Among these imperfections, or errors, I may say there exists one, which can well be classed as a popular fallacy, or one of those acquired instincts, hurtful in their tendencies and effects.

Now, this observation opens up a very wide subject, which the motive of this paper is not to consider. I shall confine myself to one point only.

Color forms an important consideration in the manufac-

ture and wearing of apparel, which, I believe, is not sufficiently considered in the selection of clothes by persons in general. And the fallacy that this communication is intended to point out, lies in the very bad and very prevalent habits contracted in the choosing of color for seasons. There is a bad instinct here, a fallacy perpetrated in the very teeth of Nature, a sin against our generous mother, unpardonable, when we consider our present lights and knowledge, and one which cries vengeance down from the skies.

Let us recollect one little experiment in chemistry, illustrating a law dinned into our infant ears of scholarship, in early days. Our teacher told us in plain terms that white clothes or bodies reflected heat from their surfaces, and that the black or dark colored absorbed more or less, according to the degree of intensity in the color. This was taught as a general law, subject to more or less modification, according to the texture, composition, or other accidents, such as roughness or smoothness, in the articles with which the experiment was made. We were told to take two pieces of cloth of the same size and texture, one being white and the other black, and place them separately upon ice or snow, and observe the result. We saw for ourselves the snow or ice melt much faster under the dark colored cloth. Then came the application: white reflects, black absorbs. The moral was inevitable. White cloth in summer, because it absorbs less and reflects more; and black cloth in winter for the opposite reason.

The moral is a popular fallacy, and grew into a pernicious instinct as I will endeavor to show.

The temperature of the human body, as taken by the thermometer in the mouth or axilla, ranges about 98½° F. This would make the general blood temperature 100°, more or less, *more*, probably.

Now, the atmosphere, generally, during the warmer seasons, in this climate of ours especially, ranges about 96 or 98 degrees, in the shade rarely 100 or above. In the sun, it may range from 100° to 110°, or 115°.

In the Sahara Desert, I have seen it remarked, it may go up on the scale to 150°. The general blood temperature is much on a parallel with the outside atmospheric temperature during the greater portion of the summer season, with a tendency to be higher, even in repose of the body, but with this tendency much increased when the circulation of blood, and the vital chemistry of the body, are quickened into greater activity by exercise. Putting then this general proposition in another way, it could be said that atmospheric heat had a tendency to be *lower* than the general body temperature. I believe this to be correct. To this observation, of course, there are exceptions, as above mentioned.

At the hottest period of the day, when the thermometer may register 102° or 103° in the shade, the outside heat may be greater than in the human body in repose at the time.

This statement admits of discussion, but we will accept it as true. At other periods during the day, morning and evening, the temperature of the air is notably less, while that of ourselves tends at all times, in health, to remain equally and permanently at the same degree. Then during the greater portion of any 24 hours, in the hottest summer, even in exceptional cases, the body temperature, in some interior organs at least, is above the average daily temperature of the medium around us.

Now, granting all exceptions for the greater portion of any spring and summer, this remark should hold good. After all, it is but a certain portion of the summer, the latter half, wherein many very hot days occur, during which the atmospheric temperature may range above the vital temperature for a few hours. Now, exercise of the body may bring the blood to fever heat.

This any one may test for himself, and such a register is above the average temperature of summer by several degrees.

The great mass of men are not idlers, and are in constant exercise during at least six or eight hours while the sun shines.

The smaller number exercise in the heat of the sun, directly under its rays. For these, the conditions may be reversed, and the following remarks may not apply to them. But the greater portion of human creatures toil in the shade, or in the cooler hours, if in the sunshine and avoid, by instinct and reason, any exposure to extremes of heat.

Now, the general custom of men is to dress in light colored apparel from the time the warm season arrives until it has passed. Men stop not to reason about their action. It is more in the nature of an instinct than a reason or motive well defined. To illustrate my position I will choose perfect white, which most of us wear in the form of linen stuffs, next to our skins. We will leave, for the moment, out of consideration our exterior apparel, which is generally darker in hue. White reflects heat more or less perfectly, according as the material is, or is not, an absorbing medium for heat. The gist of these remarks lies in the conclusion: Such garments will reflect heat FROM our bodies more when the temperature outside is greater than inside of them, and To our bodies more when the excess of temperature is in the blood. We then, because such garments feel cool by contrast of temperature, put them on preferably, in summer, when they generally serve as retainers of heat, and are in direct opposition to the very instinct which makes us seek a reduction of body temperature.

This then, is a natural fallacy, evidently, in the vast majority of cases.

But our mistake goes further than the wearing of white linen undergarments in summer. Our suits of outer clothes are generally chosen upon the same faulty principle. Even the hat that we wear is in nearly every instance, a good non-conductor, or reflector, of heat. It feels cool because it is light, and it bears, relatively, no heat in itself, not cool as a bar of iron (a good conductor) would be, cool in itself, apparently; but its surroundings seem cool from the simple sensation produced by the head being hotter than the hat. Of course we seek, by ventilation, to correct the evil.

Perspiration, too, and evaporation from the surface of the body, form factors of great importance in the maintenance of an equilibrium in the body heat. Much heat is given out, and made latent thereby, during the course of a dav.

It would seem, then, that we commit another error, or rather, make it a part of the same error, the wearing of clothes which do not absorb moisture readily, and which tend to keep a stratum of air saturated with moisture over the skin, to check perspiration, and prevent evaporation, which must take place upon the outer surface of the clothes before the air takes it up. This in itself is injurious, since it is radically opposed to the operation of a physiological

And what retains moisture, retains heat, and what retains both, is, so far, doubly injurious. This, I maintain, white linen clothes do.

I have known men, who have exemplified in their daily lives, the better effects of darker garments of woolen texture, who could not be made to wear in the heat of the sun, anything lighter in weight or color, than a brown, blue, plaid, or other dark-hued flannel shirt.

I have known corn-field negroes, who have split their cord of hard wood standing naked as Eve beneath the "copper sky," but black as "Erebus." They did not seem to pant from heat. Their black bosoms heaved from exertion. They did not complain, but seemed to relish the situation. And not one, under such circumstances, has ever had the slightest blister pumped out by the sun upon his black skin. Old Sol but grinned at him, and gave up the attempt, utterly, as an impossibility.

Black!

The hotter, the blacker! and blackest near the Sahara! Then, let us wear darker clothes in summer, and not of linen, but of other stuff that will absorb moisture and heat more, and put ourselves radically right as regards this question in the march of progress.

The velvet snow lies upon the ground. It falls in light

flakes, brightly and gently, from the gray sky; and Nature wears a mantle of white, spotless white, intense white, all-pervading white. Winter is at hand. White retains heat. We have proved that for summer. No necessity exists that we should go over our ground to prove it for winter. Man seems to have forgotten it, for he is the only black object in this spotless white landscape. A blot! verily, a blot upon the face of Nature! He stands there in defiance of her fiat!

How still that long-eared hare lies squatting upon the snow? Can you distinguish him? Not well, unless you scare him up. That bank of snow seems perfect. No irregularity that the eye can notice exists there, yet there may be a covey of quail, or an ermine, invisible because they are white like the snow. Exactly. They are white and do not need exercise to keep them warm.

These animals show sluggishness in the cold. Nature economizes their fuel by clothing them in her favorite color for the season.

A polar bear is approaching. Who ever saw one black, like his congener of warmer zones?

But the human creature who stands shivering in the cold, and walking incessantly or running himself to death, and adding fatigue to his other ills and dangers, pretends to know better than nature does. He has on a garment that absorbs heat, as it is black or, at least, very dark colored. Will the garment absorb heat from the air and objects around him? No. Nature between extremes will always work to establish a perfect adjustment or equilibrium, and the atmosphere around him, which may be below zero, will wrench the heat from his blood and organs, which may be above 100° F. His physiological fire, his vital furnace, is set a-roaring, to supply the tremendous loss. Exhaustion of these vital processes that furnish heat to the body, must soon occur, with exhaustion of fuel. He is chilled to the core. Then fever sets in, and, by the same law of equilibrium, the overtaxed organs make a tremendous effort to remedy the trouble by reaction.

Congestion and inflammation, may be, after all, but signs of weakened processes and debilitated tissues. This is "taking cold."

What man does for the boiler attached to his steamengine to retain heat and economize fuel, he should do for his body when he wants to warm himself. He takes good care to put no black covering upon his steam generator; for steam cannot do much work without a certain permanent pressure of pounds, which may be converted into degrees of heat. The black covering would absorb heat from his boiler and give it to the air, which is very much colder; his pound pressure would go down, and with it the heat in the boiler—pari passu. The fireman, to remedy the fall, might pile too much fuel into the furnace and overtax the boiler, which might blow up.

Not within the narrow limits of an article can this whole question possibly be crammed. I leave my readers to draw their own inferences; and after having with zeal and warming heart presented my cause as one who will always be of the first to glory in the perfection of Preventive Medicine, I would be well pleased to see one popular fallacy, one pernicious instinct, a fruitful source of ills unnumbered to our fellow creatures, bite the dust.

THE NEW ORLEANS MEDICAL AND SURGICAL JOURNAL,

PUBLISHED MONTHLY.

Communications relating to medicine are invited from every source. Matters of more than ordinary importance are occurring daily to country physicians, brief reports of which this Journal would be glad to get.

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JOURNAL, P. O. DRAWER 282, NEW ORLEANS, LA.

EDITORIAL.

THE BACILLUS CONTROVERSY.

In a paper read by Dr. Webb, before the College of Physicians of Philadelphia we find a very full review of the arguments concerning the contagiousness of phthisis, written from a contagionist's standpoint.

Dr. Webb has long been a believer in this doctrine, in fact we believe an enthusiastic one, and, having studied the subject well and spent much time in accumulating his proofs may well be said to be bristling with arms with which to annihilate his non-contagionist brethren, should they conclude to accept the challenge he has sent them in the paper we have before us.

While we lean rather partially towards the bacillus ourselves, we do not think the advancement towards exact knowledge on any subject, is hastened by ignoring the researches and arguments of those, who, though differing in conclusions, nevertheless have by their accurate and scientific work generally, certainly become entitled to some recognition.

The bacillus, early in its fight for ascendancy in the causation of phthisis, was so crippled as to necessitate its being furnished with a strong pair of crutches, in the shape of a theory of predisposition, to keep it on its legs. It appears to stand pretty well with their aid, but it is not settled, as absolutely as the doctor would lead us to believe, that

these crutches are not competent to hold up some other irritant in the same role. We have also a very indefinite idea of what these crutches are. The usual answer given is a lowered vitality, but this is very indefinite.

According to the examinations of the air we breathe, made by the doctor, it would seem a pretty hard matter to dodge a bacillus, yet the cases of lowered vitality which do not become phthisical are very numerous. We have seen in hospitals, where phthisical patients are mixed indiscriminately with the rest, patients with very exhausting diseases finally get well without showing any signs of tuberculous infection. Again, we have seen patients in fairly good health die in a few weeks of galloping consumption.

Dr. Webb also, in his anxiety to prove conclusively the great infective power of the bacillus, has taken great pains to select as examples three cases, from the large stock he keeps on hand, in which the persons who contracted phthisis, from their wives or husbands, were free from any hereditary taint and of excellent habits and health. His enthusiasm seems to have, for the moment, infused into the bug an ideal strength; the crutches are thrown away, to be eagerly gathered up and replaced as he wends his tottering way from the marriage chamber to the more crowded haunts of men.

We are not told of the innumerable cases in which men have married phthisical wives, and vice versa, and have not become phthisical. We are not told that this includes a vast majority of such marriages. We are not told that in the "Brompton Hospital" it was an extremely rare hing for an attendant to contract phthisis; that in that institution, according to statistics, instead of an increased liability to contract the disease, there seemed to be an almost total immunity. All this, and many other points which could be mentioned, did they not suggest themselves to any one who will take the trouble to do his own thinking, by not being squarely stated, do much to retard the final solution of this question. We do not say this to take up arms in defence of the non-contagionists, because we

are ourselves, after weighing the evidence that has been produced, inclined to believe in the bacillary origin of phthisis, but because we do not think the weak points in this theory have been so completely disposed of, as to be ignored.

BOWEL EXPLORATION.

If our latter day science and art of medicine be characterized by marked advance, if indeed we may now with justice write the proud word "science" before the humbler "art" of our predecessors, it is to the introduction within the century of instruments and methods of precision in diagnosis that this advance, this application of scientific method is due.

The stethoscope, the ophthalmoscope, the clinical thermometer, the laryngoscope, the ear speculum and mirror, are the mile stones of modern medicine.

Great is the power of rational therapeutics; wonderful the certitude of its aim; but until we are firmly seated in our diagnosis, power and certitude alike avail nothing. Diagnostics, it is true, is an art, but it is an art requiring the finest use of sense, the sternest exercise of reason; an art in which every true minister to sick humanity should be well nigh perfect. No diagnosis, though the product of exactest reasoning, can ever be more than a logical certainty if the area of disease lie beyond the reach of touch, hearing, sight. In the face of the enormous responsibilities resting upon him, it is the plain duty of every physician to be ill content with any diagnosis based upon symptoms alone, if any means of physical examination be at all possible.

Bearing in mind these things, we were surprised to see that Dr. W. W. Dawson, of the Medical College of Ohio, has found it necessary in a lecture to his class (reported in *The Cincinnati Lancet and Clinic*, February 21st) to defend the procedure, first urged upon the profession by Simon, of Paris, of introducing the whole hand into the rectum for purposes of examination.

When we reflect that by this method we may examine by touch the rectum, the bladder, the uterus and ovaries, and in some cases even the stomach and spleen; that by it we may readily detect and remove foreign bodies and impacted fæces, may determine the presence of calculi in the bladder and ascertain their number and size; that we may learn the presence of tumours in the uterus and obtain knowledge of their nature and dimensions, and in cases of ovarian cyst may examine the length and thickness of the pedicle, and assure ourselves of the absence of adhesions within the pelvis; when we realize, in short, that it is the passport to a terra incognita concerning the internal affairs of which we often stand most sadly in need of knowledge, we would naturally suppose that our surgeons resorted to the method so seldom only because experience had shown it to be attended by great danger; but this is not the case. Thomas, Bryant, Gross, Kelsey, Ashhurst, endorse the proceeding and assert that the paralysis of the sphincters, usually the only evil effect, is merely temporary. Bryant and Ashhurst warn us that the procedure is not without risk if carelessly and rashly undertaken; laceration of the peritoneum having been recorded, but Prof. Agnew seems to be the only surgeon of note to condemn it absolutely. In his work he stigmatizes it as "rash and revolting," but we cannot think, wisely. the younger members of the profession who are especially liable to neglect physical means of diagnosis, either from carelessness, incompetency, or a false sense of delicacy, and a teacher should be most guarded in his condemnation of even the least useful method. From such neglect, in our experience, spring most often those direful medical mistakes which bring endless suffering upon their victims, and to their authors shame and self-reproach.

THE LOUISIANA STATE MEDICAL SOCIETY.

In our last number we gave a brief account of the seventh annual session of the Louisiana State Medical

Society. A brief account, we say, and we regret to add, brief because the very dull nature of the transactions did not justify a more extended report.

The meeting was undoubtedly more largely attended, and rather more interest in the proceedings was shown by the members present than at the last meeting at Baton Rouge, but when we consider the unequivocal advantages offered by time and place and the strenuous and unremitting efforts of the President, Dr. Day, we are forced to the conclusion that the physicians of Louisiana manifest towards their State Society an apathy unparalleled by the medical profession of any other State. This conclusion is doubly depressing and humiliating when we reflect that this Society offers to the profession in Louisiana the only opportunity for attaining by concert of action those great reforms in medical education, legislation and ethics, that are admitted by all so devoutly to be wished; when we remember that its annual meetings afford to the physicians of our thinly settled State the only chance for that wholesome, stimulating interchange of opinion, without which the brightest intellect must rust.

What can be the cause of this indifference?

Dues for membership in the Society are ridiculously small, the Society meets but once a year, we are well supplied with means of travel by rail and water, the meetings last but three days, and the expenses incident upon attendance are not great. How small must be the number who can with truth assert the expenditure in time and money to be more than their slender means afford! Many of the most active members of the Society are young men upon the very threshold of the profession, a profession proverbially less lucrative than honourable.

Can it be that certain of our confrères deem the reforms to which we have alluded, and the benefits to be derived therefrom, vague and general, and lack therefore the stimulus of a personal and interested motive? Then do they indeed deceive themselves. The individual is but a unit—an inconsiderable quantity. His welfare waxes and wanes

with that of the community, the class, the profession to which he belongs. Until these deluded brothers of ours recognize this fact they will continue to suffer in pocket and peace of mind from crowding competition by incompetent products of cheap and hasty medical schools, from the artful wiles of cunning quacks, and from the still more painful, and not less damaging trickery of ill-regulated but plausible members of their own cloth.

Observation, however, teaches us that in such cases the faults are not apt to be wholly upon one side. If the members of the profession composing the State Society were diligently labouring to make it all that it should be, it is not probable that so many worthy physicians would now be found listlessly standing without the pale. It is not to be denied that a few members have with unflagging zeal bent their best energies to the improvement of the Society, but the majority, year after year, lumbers along the same old rut, wearily jolting over the same old difficulties and mistakes, careless or unable apparently, to avoid them. Thus a spirit of dullness, of weariness unspeakable, clothes these annual meetings as with a garment. If there is ever to be an end of this each member of the Society must read his copy of the Transactions carefully, make up his mind as to what abuses are to be corrected, what improvements are to be made, and present himself at the meetings ready and willing to do battle for his ideas against routine and indifference.

A re-reading of the report of the seventh annual meeting, some reflection, and an interchange of opinion with certain of the more zealous members of the Society, have suggested the following criticism, which we, having the welfare of the Society warmly at heart, offer to the consideration of its members in no fault finding spirit.

An evil habit into which the Association has fallen is that of suspending by a vote its rules governing the election of members, and proceeding to elect by acclamation gentlemen who may at the very time be sitting in its hall.

The practice probably arose from a false feeling of delicacy, and a wish to place no obstruction in the path of any regular physician wishing to become a member; but there can be but little doubt that it militates against the best interests of the Society. Membership in the Medical Society of the State should bear with it a certain dignity. It should be a guarantee to the laity of the commonwealth that its possessor is beyond cavil a physician of thorough education and a man of honour. At present it means nothing, and has no value, and is therefore, but little sought after by the physicians of the State. It is in the power of the Society to reverse all this. If the members themselves regarded membership as an honourable privilege, they could readily impress the idea upon the communities in which they live. Membership in the College of Physicians and Surgeons of Philadelphia sets a valuable stamp upon the practitioner of medicine in that great city. Our friend, Dr. Dunlap, of Danville, Ky., informs us that in his community membership in the medical society is well-nigh indispensable to the medical man who wishes to make an honourable living, and that many quacks who have gone thither have, after vain attempts to gain admittance to the body, been obliged to seek other fields in order to escape starvation; the citizens refusing to employ one who was unable to procure from the members of the profession the voucher of trustworthiness to which they had been taught to look with confidence. The Society has now a large membership, and the last annual report of the treasurer shows that its finances are in excellent condition. It is in a position, then, to enforce its rules regulating application for membership and the election of members. We are aware that the body should be large and representative, but we submit that it can never hope to be either until membership in it is made desirable in the manner indicated. The by-laws of the Society provide that "all permanent members and officers shall be elected by the ballots of a majority of the voting members present. No

person shall be elected a member of this Society unless recommended by two members as possessing fully the qualifications for membership; and at the request of two members, a recommendation to membership shall be submitted to the Judiciary Committee for investigation and report, before action shall be taken thereon by the Society." These rules should hereafter be adhered to, and we think that it would be wise to omit the words "at the request of two members" in the second clause of the rule as to recommendations. A still further improvement would be a rule requiring the submission of all applications in writing to the Judiciary Committee at some date prior to the annual meeting, applicants being excluded from the meeting hall until notified of their election. At all events every application for membership should be invariably referred to the Judiciary Committee before being acted upon by the Society.

At the meeting just ended the Judiciary Committee was obliged to report a member of the Society as guilty of conduct in flagrant contravention of the principles governing all honourable practitioners of medicine. The Society would doubtless have been spared this mortification were it more careful in examining into the characters of those whom it proposes to admit to its ranks. The Society justly refused to condemn the member until he had been given an opportunity to appear before its bar, and answer to the charges brought against him; but we hope that the newly appointed Judiciary Committee will discharge its duty in this case in no hesitating way. What may be praiseworthy mercy in an individual, becomes very often culpable weakness in an agent for the public good. This committee is the moral censor of the Society, and it behooves it to watch with untiring eyes the conduct of all members, and to arraign them fearlessly when they transgress. Nor should its functions end here. By investigating the status of all persons, whom they are led to believe to be practising medicine in this State, in violation of such laws as we

have for regulating the practice of medicine, and communicating the results of the investigation to the State Board of Health, the committee might do a good work; especially if it would insist upon the Board of Health taking such action as is provided by law in such cases.

Another very important committee is that upon scientific essays, reports, etc., for, upon its efficiency and activity depends much of the interest of the Society's meetings. It would not be unjust to say that heretofore its neglect of the duties assigned to it has been shameful. The by-laws of the Society, distinctly provide that "It shall be its duty to appoint from the members of the Society a list of essayists and reporters, and to recommend subjects for their consideration;" the class of subjects being indicated. Are such essayists and reporters ever appointed?

To the end that it might more easily perform its duties a resolution was offered at the last meeting requesting its chairman to "sub-divide his committee into smaller subcommittees, whose duty it shall be to report respectively upon the various branches of medicine, surgery, etc." The chairman of the committee Dr. A. A. Lyon, of Shreveport, informs us that he has not, as yet, been able to fix upon a plan for the subdivision and assignment to duty of his committee, but will notify us as soon as such a plan has been matured. We shall in turn make the plan known through the JOURNAL to the members of the Society, so that it may know exactly where the responsibility rests if any dereliction occur. In the mean while we submit that some such subdivision as the following might be made. On medicine and physiology, Drs. A. A. Lyon and Bemiss; on surgery and anatomy, Drs. Dabney and Newton; on obstetrics, gynæcology and pædiatrics, Drs. Owens and Brown. These sub-committees should at once enter into communication with members interested in these special branches, and obtain from them promises of papers for the next annual meeting.

During the discussion pending the adoption of the resolution above quoted, Dr. Boyd, of Indiana, a member by

invitation, said that the county societies of his State sent to the annual meeting of the State Society all the best papers read before them during the year, and that thus there was never any lack of interesting papers. Would it not be well for the Committee on Essays, following this suggestion, to request the county societies of our State to do the same? The plan is well worth a trial.

The Committee on Essays should be careful, however, to select from the papers submitted to it only those of some merit, to be read before the Society. If it will exercise this discretion, a rule requiring all volunteer papers to be submitted to it on the first day of every session would spare the members such an infliction as that endured at the last meeting. Finally, we venture to recommend to the members of the Committee on Essays a careful re-reading of the section of the by-laws specifying their duties, and urge the Society to hold them strictly responsible for the performance of the same on pain of dismissal under censure.

The special committee on the President's Address acted, as it usually does, with wisdom. While the sending of copies of the Transactions to all registered physicians throughout the State from time to time, is undoubtedly a justifiable mode of attracting members, to make a practice of so doing every year would have the effect of doing away with one of the inducements to become a member, and would lay upon the more public-spirited physicians of the State a tax for the benefit of those less willing to exert themselves in behalf of the profession. Again, the committee was right in its assertion that the time had not come when the Society could be advantageously divided into sections. If the Committee on Essays follows the spirit of the resolution suggested by this recommendation of the President, all the advantages of a division into sections will be gained. It may be doubted, however, if some simpler method of affiliating parish societies than the one now provided could not be devised,

The laissez faire spirit which is creeping into the Society and benumbing its useful powers, is also shown in its manner of dealing with the recommendations of its Nominating Committee. These reports are invariably adopted by a unanimous vote. Does not excessive unanimity mean lack of interest? Under the present order the deliberations of the committee are of necessity hurried, and hasty judgment must be often taken upon matters seriously affecting the Society's welfare. The committee, it seems to us, should be chosen during the first day's session, should report during the second day's, and the consideration of its report should be made an especial order of business for the third day. Thus ample time would be given it for the preparation of its report, and the members of the Society for the consideration of the same.

In conclusion we may note that the Recording Secretary, Dr. P. B. McCutcheon, stated in his report to the Society that he had received during the year a number of valuable reports and monographs for the library, and that we have since heard inquiries concerning the whereabouts of said library. We promise to interview the Treasurer and Librarian concerning his charge for the benefit of members who may be as ignorant as ourselves, for we have by no means yet said our last word upon the subject of the State Medical Society.

REPORTS ON DISINFECTANTS.

The Committee on Disinfectants of the American Public Health Association has been experimenting with various disinfectants, among which dry heat, moist heat, carbolic acid and sulphur dioxide have been tried. Dr. George Rohé draws the following conclusions from his studies on dry heat:

1. A temperature of 212 F. (dry heat), maintained for an hour and a half, will destroy bacteria which do not contain spores.

- 2. Spores of mould fungi require for their destruction in hot air a temperature of from 230° to 539° F., maintained for an hour and a half.
- 3. Bacillus spores require for their destruction, in hot air, a temperature of 284 F., maintained for three hours.
- 4. In dry air, the heat penetrates objects so slowly that small packages, such as a pillow or small bundle of clothing, are not disinfected after an exposure of from three to four hours, to a temperature of 284° F.

Dr. Sternberg has a report on moist heat. Fire is unquestionably an efficient agent in the destruction of infectious material; but the degree of dry heat necessary to destroy dessicated spores would injure textile fabrics. With moist heat it is quite different; steam at a temperature of from 221° F. to 230° F. would destroy all living organisms, including the most refractory spores.

In the absence of spores, all known micro-organisms are quickly destroyed when immersed in boiling water. A temperature of 140° F. will destroy the micrococci of septicæmia in the rabbit, of pus from an acute abscess, and also of the swine plague. Spores resist the action of heat much better; but a temperature of 221° suffices to destroy them.

Dr. Charles Smart, after succintly stating the results of the investigations with carbolic acid, concludes that little reliance can be placed on carbolic acid as a disinfectant except in special instances, since the micro-organisms in broken-down beef tea were not deprived of their reproductive powers by treatment with four, six or even ten per cent. solution of the acid. "The large percentage of the acid required for disinfectant or germicidal action when applied directly in the liquid form, prépares us for its failure when used in the form of vapor. Douglas and Baxter, from the results of their experiments on vaccine, concluded that aërial disinfection by carbolic acid vapor was practically impossible." The antiseptic properties of carbolic acid were not discussed.

Dr. Sternberg's report on sulphur dioxide is an able re-

view of the experiments made with that agent, and a clear statement of its practical value. The experiments of Wolfhügel show that sulphur dioxide is of no value in the disinfection of spore-containing material; and he is inclined for that reason to abandon its use altogether as a disinfectant, since it is practically impossible to tell whether any material contains spores or not. Dr. Sternberg is not willing to go to that length, and to recommend the abandonment of an agent which enjoys the confidence of practical sanitarians for the destruction of infection of small-pox, scarlet fever, cholera, diphtheria and yellow fever, upon the ground that it fails to destroy the spores of anthrax bacillus or of bacillus subtilis.

It is not clearly proved that the diseases named are germdiseases, and, even if they are, we have good reason for believing that spores are not formed during their course. Sulphur dioxide is a valuable disinfectant in such diseases; and we must not exact too much from this agent, until we are able to recommend something better in its place for the purposes to which it is commonly applied, viz.: For the disinfection of apartments and ships. In closing, Dr. Sternberg says that the question remains whether disinfection may not be accomplished by washing the walls, furniture, etc., of an appartment with 1:1000 solution of bichloride of mercury, as well as by fumigation with sulphur. This is a question that our State Board of Health might possibly answer. Last year the President of the Board, Dr. Jos. Holt, recommended the use of bichloride of mercury in the disinfection of vessels. The comming summer will witness the inauguration of the new system of quarantine proposed by Dr. Holt, and this year's experience will perhaps decide the merits of bichloride of mercury as a disinfecting agent.

MEETING OF THE AMERICAN MEDICAL ASSOCIATION.

The thirty-sixth annual session of the Association, recently held in New Orleans, may be regarded as a success-

ful and satisfactory meeting. There were less than seven hundred registered physicians in attendance, the majority of whom came from the States of the South and Southwest. The number was not comparable with the attendance at previous meetings held in the larger cities of the more populous States. The remote position of New Orleans, requiring an unusual outlay of time and traveling expenses, neither of which many physicians can well afford, very probably prevented the large attendance expected.

The Committee of Arrangements, Dr. Samuel Logan, chairman, made every provision possible for the convenience and comfort of the Association. The Tulane Hall and University Building were connected by a new banistered platform, and together with Grunewald Hall closely adjoining, furnished plain but well adapted rooms for the meetings of the general sessions and the various sections.

The social features of the meeting were very pleasant. To polite strangers our gates always stand ajar. The members of the Association and their friends were entertained at the hospitable homes of Dr. T. G. Richardson and Mr. Cartwright Eustis. The New Louisiana Jockey Club opened their elegant club-house, situated in the suburbs of the city, and invited the Association to an openair promenade concert in their beautiful and luxuriant grounds. The gardens were brightly lighted for the occasion and thronged with several thousand people. The trees and shrubbery looked very pretty in their new spring dresses; and altogether our guests appeared to enjoy the novelty of the entertainment. On the evening before the day of adjournment, the profession of New Orleans, assisted by the ladies, tendered to the Association a reception, followed by supper, at the Washington Artillery Hall. The World's Exposition, with its marvelous sights to be seen, contributed very largely to the entertainment of our guests. We trust our friends returned safely to their homes, as pleased and as happy over their visit as they have made us feel by their cheery words and agreeable manners.

We come now to the more particular purpose of this writing, to review the work of the annual meeting. It is within our province to touch only hastily on the salient points likely to interest our readers.

The section work was very satisfactory. The subjects, as a rule, were well chosen. There were no papers presented of very startling importance, yet most of them were of practical interest. Through the pages of the medical press the pith of these papers will shortly go out to the profession.

An objection to be urged against some of the papers read in the sections, as well as against some of the addresses delivered in the general sessions, is their voluminous length, requiring more time in the reading than warranted by the importance of their contents. The committee appointed for the purpose should not only rigidly select the papers to be read, basing their preference solely on the merits of the articles presented, but should insist upon papers being written briefly and to the point. Again, the time allowed for discussion should be shorter, with the privilege reserved of extending it in favor of a speaker whose words are worth the time he is consuming. Too much valuable time is taken up by tiresome and uninstructive talkers, whose experience of a lifetime is exceeded in less than twelve months by many more modest members present. Surely in the deliberations of the sections, as well as in the general sessions, better means should be devised for saving time.

The address of the President, Dr. H. F. Campbell, of Georgia, was delivered very impressively, and received with cordial approbation. He reviewed the history of the Association and much of the work accomplished since its organization. He eulogized in terms of highest commendation a list of illustrious names, which appear in the archives of the Association, dwelling with special respect on those of Chapman, Gross, Sims, Flint and Davis. Among other

excellent recommendations, he emphasized the importance of Forensic Medicine, and suggested the formation of a new section, to which could be referred all papers, reports and discussions bearing upon the relations of medical men to tribunals of law.

The report of the special committee, appointed on the death of Prof. Samuel D. Gross, was prepared by Prof. Austin Flint, chairman, and in his absence read by Dr. T. G. Richardson. It was more the tribute of a friend to the memory of a dead confrère, with whom he had lived on terms of closest intimacy during a period of many years. The method of Prof. Gross' literary work, his remarkable industry, the majestic character of the man in all the relations of life in which the writer knew him well, his influence as a teacher of medicine, his skill and kindness as a physician, his bearing toward his fellow-men, his attachment to his friends, his home associations, where especially he shed about him the light of his beautiful life-all were portrayed very impressively and in terms of affectionate esteem. The report of the committee contributes an interesting chapter in the biography of a man whose name is impressed indelibly on the medical age in which we live.

The special committee appointed at the last annual meeting reported success in having secured from Congress an appropriation for the erection of a fire-proof building for the Army Medical Museum and Library, at Washington.

The Association disapproved the report of the special committee on the organization of the International Medical Congress. The discussion of the report was unbecomingly acrimonious and undignified, to say the least of it. Here is the point in discussion: In 1884 the Association elected a committee of seven, charged with the duty of inviting the International Medical Congress to hold the next meeting in Washington, D. C., in 1887. The language of the resolution is as follows: "That the committee shall elect its own officers, and that, in case the invitation is accepted, it shall proceed to act as an executive committee,

with full power to fix the time and to make all necessary and special arrangements for the meeting of such Congress, and to solicit funds for this purpose, * * * " That it shall have power to add to its membership, and to perfect its organization, * * * " Acting under the authority of this resolution, vested with full power by the Association, the committee organized by the election of officers, increased its membership, fixed the time and made necessary and special arrangements for the meeting of the Congress. As the resolution undoubtedly gave the committee full executive power, it is clear that the members have in no manner transgressed the rights and privileges vested in them. It is true they made appointments, regardless of sectional and personal representation, an action well calculated to give offence. However, in an association of gentlemen, whose calling in life should lift them above the adoption of a system of medical politics, such an offence might have passed unobserved, and perhaps would, had not the committee seen proper to appoint to membership of several of the sub-committees disciples of the New Code. In this latter instance, in our judgment, the committee erred. In these days of so many new departures from the plain, open and clean walks of professional life, when the land is infested from one end to the other with charlatans of every degree, the time has come when men, who strive to do right, should stand more closely together. The American Medical Association, our highest tribunal in medicine, has adopted a Code of Ethics, and this Code should prevail. Men who go beyond it must go unsanctioned by the American Association and the American profession.

However, there can be no sort of excuse for the intemperate tone of some of the speeches made in discussing the report of the committee. Those speeches were disrespectful to the Association. The discussion ended in the adoption of the following resolution: "Resolved, That the committee appointed by the American Medical Association to arrange for the meeting of the International Congress in

1887, be enlarged by the addition of members from this Association, one from each State and Territory, and from the army and navy and marine hospital service, and the District of Columbia, to be appointed by the present presiding officer, Dr. J. S. Lynch, of Baltimore, First Vice President, and that this committee thus enlarged shall proceed to review, alter and amend the action of the present committee as they may deem best."

The personnel of the offending committee, composed of some of the most honored names on the roll, names which of themselves should he a guarantee of honest purposes, certainly deserved better of the Association. The adoption of the resolution above quoted, appointing a supervisory committee, is certainly an unwarranted discourtesy to the original committee. Moreover, since the first committee of seven was vested with full executive power, clearly set forth in the language of the resolution, under which the appointments were made, the action of the Association is the more ungracious, if not entirely unwarranted by parliamentary custom.

The committee appointed at the last annual meeting to formulate a declaration on certain ambiguous points in the Code of Ethics presented a report, the importance of which justifies publication in full.

- "Whereas, persistent misrepresentations have been and still are being made concering certain provisions of the Code of Ethics of this Association, by which many in the community, and some even in the ranks of the profession, are led to believe those provisions exclude persons from professional recognition simply because of differences of opinions or doctrines; therefore,
- 1. Resolved, That clause first, of Art IV, in the National Code of Medical Ethics, is not to be interpreted as excluding from professional fellowship, on the ground of differences in doctrine or belief, those who in other respects are entitled to be members of the regular medical profession. Neither is there any other article or clause of the

said Code of Ethics that interferes with the exercise of the most perfect liberty of individual opinion and practice.

- 2. Resolved, That it constitutes a voluntary disconnection or withdrawal from the medical profession proper, to assume a name indicating to the public a sectarian or exclusive system of practice, or to belong to an association or party antagonistic to the general medical profession.
- 3. Resolved, That there is no provision in the National Code of Medical Ethics in any wise inconsistent with the broadest dictates of humanity, and that the article of the Code which relates to consultations cannot be correctly interpreted as interdicting, under any circumstances, the rendering of professional services whenever there is a pressing or immediate need of them. On the contrary, to meet the emergencies occasioned by disease or accident, and to give a helping hand to the distressed without unnecessary delay, is a duty fully enjoined on every member of the profession, both by the letter and the spirit of the entire Code.

But no such emergencies or circumstances can make it necessary or proper, to enter into formal professional consultations with those who have voluntarily disconnected themselves from the regular medical profession, in the manner indicated by the preceding resolution.

N. P. Davis, of Chicago,
A. Y. P. Garnett, of Washington,
H. F. Campbell, of Augusta,
Austin Flint, of New York,
J. B. Murdoch, of Pittsburg.

The resolutions were unanimously adopted and added to the Code of Ethics.

A report from the Committee on State Medicine was adopted recommending the establishment in each State of Boards of Examiners of Medical Licenses, whose certificates shall be the only licenses to practice in those States.

This matter will be presented in due form to the medical societies of each State.

Two reports were presented, which promise much valuable information in time to come, one from the Standing Committee on Meteorological Conditions and their Relations to Prevalence of Disease; the other from the Committee on the Collective Investigation of Disease. This latter committee, during the past year, has been in correspondence and co-operation with similar committees from the British Medical Association and the International Medical Congress.

The selection of Dr. N. S. Davis as editor of the American Medical Association Journal, has our unqualified endorsement. Our estimate of his editorial management appeared in the last issue of this JOURNAL. The Association Journal is free of debt and has a circulation of four thousand copies every week. The *Journal* office remains in Chicago.

The Association is in good financial condition. The treasurer reported balance on hand \$932.11; total receipts for the fiscal year, \$17,093.26; increase over last year, \$3,200. This increase in the revenues is attributable very largely to the new feature of membership by application, which has added one hundred and thirty-five names to the list.

Dr. William Brodie, of Michigan, was elected President, and Dr. Samuel Logan, of Louisiana, First Vice President. This recognition of the profession of New Orleans is duly appreciated, and truly the compliment could not have been more worthily bestowed.

The next meeting will be held in St. Louis, Mo., on the first Tuesday in May, 1886.

THE SANITARY ASPECTS OF FORESTS.

The possible influence of forests upon public health seems to be lost sight of in such attention as is given to the merciless destruction of trees now so general in the States. Medical journals do occasionally speak of the matter, but

only incidentally, and the public press naturally enough overlooks its sanitary aspects.

The intimate relation between the animal and vegetable kingdoms is so well known, and the effect of trees upon the human organism so patent, that it would seem almost unnecessary to state them; but we will risk a charge of useless repetition, while we note as briefly as possible the facts bearing on this subject.

First. Trees exert a marked influence upon temperature.

It has been clearly shown that the temperature of forests is much lower than that of the surrounding open, and that the trees themselves are cooler than the air immediately around them. This is probably due solely to the following function of trees.

Second. Trees are constantly discharging large quantities of moisture.

It has been estimated that some leaves discharge in one day as much as one fluid ounce of water per leaf. A forest is thus shown to throw off more moisture by transpiration than an equal area of water by evaporation. The effect upon atmospheric humidity is remarkable.

Third. The coolness of the forest air, as well as of the trees themselves, condenses the moisture in currents of air of a higher temperature, and the result is increased rainfall in forest regions.

Fourth. Trees prevent the running off of rain-water, and at the same time obstruct evaporation from the soil.

Fifth. Many trees, besides water, lose by transpiration certain active principles, which may and do exert great influence directly and indirectly upon animals.

The pine family especially fill the air with terebinthinate vapors: while flowering plants and odoriferous plants in general generate ozone.

Sixth. Trees are efficient barriers to strong winds which may be injurious from their intense cold or heat, or from noxious agents with which they may be lade.

Trees are said by Flint to obstruct the malarial poison,

and the eucalyptus globulus has long borne an anti-malarial reputation.

Incidentally, as arguments in favor of protecting the forests and increasing their area and number, might be mentioned, the frequent freshets, which scientists regard as due to the cutting away of trees, these freshets being followed by the drying up of streams and springs, the loss of soil-moisture, and the consequent death of smaller vegetation and such trees as were originally spared. Again, note the result in the new States west of the Mississippi, of protecting the forests, of planting new trees and sowing the prairie with grain, namely the rapid moving of the rain-line limit westward, and the springing up of volunteer vegetation. As in strong contrast we would call attention to the effect in other countries of the devastation of forests, as in Spain, Italy, Palestine, Persia, etc.

These are only a few of the many points showing the effect of forests upon health (and for them we are largely indebted to Dr J. M. Anders, of Pennsylvania), but they should be sufficient in themselves to prevail upon our sanitarians to bring this subject before the people and their law-makers, before the carelessness and greed of offenders will have worked irreparable harm. It will take time to educate the people in this matter, and still more time to secure efficient laws for the suppression of the evil, and therefore the sooner a start is made the better. In some cases protection only will be needed, for the United States Census Reports have clearly shown that on the great prairies of Illinois and other so-called Western States where the rainfall is sufficient to allow of forest growth, the soil was perhaps in the first instance denuded of trees by fires and that now the winds, which have full play over long sweeps of moderately level surface, prevent trees from attaining any size unless protected. In other cases a continuous or annual planting of trees, followed by constant attention and care, will be necessary to extend our forests.

Nor should our parks and squares be forgotten in a dis-

cussion of this character. The influence exerted by them upon children and invalids, physically as well as mentally, is well known. They may not be able to affect the rainfall, but they can, and do act as little health-giving oases in the midst of a city's poisonous atmosphere.

The possibilities of the future in this line are in effect boundless. A barrier of trees, especially eucalyptus globulus, between a swamp and a town may serve as protection against malaria. An artificial forest of trees carefully selected with reference to the agents generated by their leaves will be the future sanitarium for the consumptive; another will be prepared for the anæmic; and so on through the list of chronic affections.

We hope to see this matter generally discussed until the people are persuaded to take some steps to protect themselves.

PRELIMINARY EDUCATION A NECESSITY FOR THE STUDY AND THE PRACTICE OF MEDICINE.

From the last report of the Commissioner of Education, Washington, 1884, we gather some very useful information.

There were six schools of medicine established in the United States, prior to the year 1800; of these only three, Harvard, University Pennsylvania and Dartmouth, now exist. In 1776, there were about 3,000,000 inhabitants and about 3000 practitioners, only 500, probably, having diplomas. Of these only about 50 were graduates of the only two medical schools at that date in this country, the remaining 450 being graduates or licentiates of European schools.

The earliest schools made a distinction between the bachelor and the doctor of medicine, but the effort to preserve the distinction was abandoned after the Revolutionary war. The older colleges ceased to require any educational qualifications in their matriculates, and the new colleges all

followed their example. Since those times, the "establishment of [medical] schools has kept pace with the increase of population, and the extension of the settled area of the Union; indeed, the increase of medical schools and medical men has been double that of the actual necessity." The history of medical education for the last 15 years shows a very rapid increase in the number of medical schools and medical graduates. The following table will show the matriculates and graduates for the last seven years, including those of 12 schools in Canada.

	to	to	to	to	1881 to 1882.	to 1883.	to	Totals.
Matriculates	7,060	7,478	9,435	9,487	10,752	10,903	10,858	65,973.
Graduates	2,228	2,386	2,947	2,981	3,853	3,447	3,449	21,291.

This table includes only regular schools. If we add the returns from irregular medical schools for the same seven years, we shall have the grand total for this period in the United States and Canada, matriculates 79,206, graduates 25,800. Commencements of this year of 32 of the 116 existing schools in the Union show 1700 graduates. It is safe to calculate from these data that the whole number of graduates for this year will fall very little short of previous years.

Investigation shows that we have now in this country "more physicians in proportion to its population than any other part of the globe."

The time has come when something must be done to retard this alarming increase of doctors. What can be done? Will "the law of supply and demand properly control the professional expansion?" Evidently from a consideration of the above facts, it has not done so and can scarcely in reason be expected in the future to do so. The supply has for the last 100 years far exceeded the demand and we may assert with little fear of successful contradiction that unless properly regulated the supply will continue to exceed the country's need. If the public were intelligent enough to always apply at the "upper story" for their

professional advisers, the law of the "survival of the fittest" would soon make supply and demand correspondent, but unfortunately the majority of people who get sick lacks this intelligent appreciation of the difference between a good doctor and a bad one. People have the right to choose their doctors. Since the genius of our American government, as of all republican governments, cautions against the making of laws that shall in any wise interfere with the exercise of private rights and freedom, our States have done little in the direction of restricting the choice of the people to those competent to practice medicine.

The youth of our country and our English inheritancies have retarded this progress; however great this has been, it should have been far greater. The jostling and uneasy friction of such a heterogeneous mass of men seeking, some by fair means, some by foul, to profit by the ills of mankind, though they have failed to stop, have certainly retarded the wheels of medical progress. Since our governments have failed to protect the ignorant public from charlatanry and incompetency, it must be the duty of the respectable portion of the profession to do what it can to prevent "man's inhumanity to man" by endeavoring to elevate the tone of the profession, purging it of the quacks and incompetents, who act by a process of catalysis in doing injury to the regular profession without suffering harm themselves.

To make ourselves more to be respected, our first step must be to diminish the number of those legally entitled to practice. As our legislators are either too ignorant or too politic (fearing to incur the displeasure of their more ignorant constituency) to make any distinction between practitioners, our only recourse (and thereby we set our legistors a wholesome example of unselfishness) is to limit our own numbers. This we can easily do by making it more difficult to become a doctor.

The two methods of accomplishing this end should be speedily adopted by all colleges which claim respectability.

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ist. Requiring certain preliminary educational qualifications before permitting matriculation.

2nd. Raising the standard of medical instruction. As regards compliance with both these demands the majority of our medical schools are sadly defective; but we shall for the present consider only the subject of preliminary education. Speculative schools, schools essentially commercial in their character, can scarcely be expected to make this requirement, for they can only exist by making their standard conform to the capacity of the majority, most of whom study medicine because they find themselves unfit for any other occupation.

These appreciate, at least, the facts that there are a great many more ignorant than themselves and that the doctor's cloak will hide ignorance and rascality. Raise the schools above the miserable level of money-making institutions simply, they vanish into thin, thin air. They cannot afford to give an equivalent for what they receive, paltry as this frequently is. Endowed schools are at present the best, they charge more and give a better equivalent. Their graduates, therefore, are creditable and often an honor to the profession. The larger number of our graduates, however, comes from the first class of schools, the number of whose graduates depends chiefly upon the success of their clever advertisements.

If the law took away from the diploma its value as a license to practice medicine and referred candidates to examining boards, which should examine into preliminary qualifications, the evil would in the course of time in a great measure disappear. As the law does not make such a provision (except in a few States), every influence must be brought to bear upon medical schools by the profession.

"Although," says the quarterly report of the Illinois State Board of Health for April, 1885, "78 medical colleges out of the 116 in the United States claim to have exacted at their last session a preliminary education requirement, the evidence afforded by the applications thus far shows that in too many cases the standard of such edu-

cation must be very low." The requirements of this Board are "credible certificates of good moral character and evidence of the possession of a good English education, including mathematics, English composition and elementary physics, or natural philosophy." These are certainly the minimum, and no college should be considered thoroughly respectable which does not demand them. Better, indeed, would it be if every college in the land added to these a fair knowledge of Latin and of one of the modern languages, preferably German; not that such education is essential, absolutely, but because it would guarantee a degree of mental development so valuable in pursuing the study of medicine and because the successful effort to obtain such knowledge, as a preparation for the medical studies, would indicate an amount of earnestness which should always be evinced by one desiring to enter a profession as noble as that of medicine. Men would then reflect duly, examining themselves patiently and thoroughly, before undertaking so much labor. The result would be fewer medical schools, but more thorough; fewer graduates, but better doctors. A united medical profession could regulate the practice of medicine by demanding that medical institutions should raise their standards in the manner indicated.

Some of our schools, best prepared to give good medical instruction, we are sorry to see put themselves on an equality with those schools (in every respect their inferiors), which exist by reason of their offering the *easiest* medical education (?) for the smallest amount of money.

Requiring a preliminary education would be the death of those schools which lack adequate hospital advantages, for no conscientious man will study without such advantages.

Let such schools as the medical department of the magnificently endowed Tulane University set the example of requiring a respectable preliminary education. With an enviable reputation for long years past she can enhance that fair name and carve out a grander future if she but watch the signs of the times and anticipate their meaning.

With the great Charity Hospital, second to none as a place for clinical instruction, legally and freely open to her students, she is in a position to raise her respectable standard to the level of the highest, and the fault will be her own if in the years to come she does not make herself renowned as one of the foremost medical schools in the country. Let her express such a determination and it will be the duty of every medical man in the South to rally to her support in the crusade against ignorance in the profession.

CORRESPONDENCE.

THE NEW QUARANTINE SYSTEM.

A LETTER FROM DR. JOS. HOLT; PRESIDENT OF THE LOUISIANA STATE BOARD OF HEATH.

Editors N. O. Med. and Surg. Journal:

Gentlemen—In reply to your kind invitation, I present the following explanation of the "new system of quarantine" now being inaugurated on the Mississippi, below New Orleans.

It is impossible within the scope of this article to accomplish more than a cursory review of the entire question of quarantine, showing briefly the necessities demanding the discontinuance of old methods and the substitution of new, distinctly formulated as a complete system.

To prevent the spread of pestilence by cutting off communication with the infected is the instinctive first idea that has ever suggested itself as the most natural and (theoretically) effective. Its premises admit of such definite statement that the results seem logically inevitable.

Unfortunately, after an experience beginning in the remotest history of the human race, elaborated by every nation representing every phase of civilization, modified and enforced in every conceivable way, the hedging of pestilence by the instinctive method of non-intercourse has

proven itself uniformly an experimental failure of the most disastrous kind.

In exceptional instances, the *cordon sanitaire* or shotgun quarantine, may have protected some isolated neighborhood, or even a town, but the testimony of centuries has confirmed the utter inadequacy of all such obstacles attempted against the onward march of epidemics.

Not only have efforts of protection by detention in quarantine or by absolute non-intercourse been a failure against epidemics, but in addition they have intensified the mischief through interference occasioned to commerce and the industries dependent upon it As much as has been possible, they have assisted to insure famine as the concomitant of pestilence.

No casual observer can realize the amount of inconvenience, the deprivation, the actual suffering occasioned by these unwise measures of enforced idleness. While the capitalist suffers pecuniary loss, the laboring classes are made to feel the pinchings of poverty.

The history of quarantine in Louisiana, extending over a period of sixty-four years, furnishes a singularly clear exhibition of the whole question.

The first quarantine, established in 1821, was strictly primitive in being one of isolation from infected regions.

Although it annihilated the most extensive branches of commercial interest, the people were willing to endure it as the only possible exemption from the terrors of yellow fever.

The first year of its trial was marked by complete freedom from the scourge. A proclamation of Thanksgiving and popular rejoicings, the winter following, emphasized the public satisfaction and confidence that in quarantine was discovered the solution of the yellow fever problem.

The next summer seemed to confirm all of their hopes and ardent expectations, until about the middle of August, when a fearful epidemic broke out.

Not despairing, they determined to do better the next year by enforcing their regulations to the extremest point.

They did so, and again yellow fever prevailed epidemically.

Faith in quarantine was completely quenched, and the people, with one voice, demanded its abrogation upon the ground that it had failed utterly to keep out pestilence, but was destroying commerce.

It was discontinued by legislative act in 1825.

Re-established in 1855, it has continued to the present time, with a record of epidemics of cholera and yellow fever, time and again, during its maintenance.

The complete failure of the experiment of exclusion by detention, compelled Boards of Health to invoke sanitation and disinfection as additional measures.

This was a new idea engrafted upon the old, and destined to overshadow and supplement it entirely.

In keeping with a universal law of creation and development, the first efforts of maritime sanitation were crude and feeble in the extreme.

Had there been one particle of truth in the old system, this idea would never have been born; but the utter falsity in practice of isolation alone as a protection against the spread of disease not only necessitated its existence, but urged its development, so that the "New Quarantine System" is simply an elaboration, through a regular process of development, out of all the struggles and the errors of the centuries behind us, looking to the consummation of one great purpose, the control by limitation of pestilence.

Gathering the experience of all nations through all time, bending to its purposes the highest elucidations of modern science, putting into harness for practical use the startling discoveries of Pasteur, Koch, the Brazilian Commission under the auspices of the learned Emperor, now innoculating yellow fever virus cultivated specifically, Maritime sanitation, resting its faith upon the immutability of the laws of nature, and formulated as a defined and consistent system, offers itself, not as positive, but as affording the highest relative guarantee of protection. It does not say that yellow fever shall never again occur in New Or-

leans; it simply furnishes the highest assurance within the scope of reason that it shall not enter by way of the Gulf through the Mississippi. It does not hold itself responsible for the possible introduction through other assailable avenues of entry, or the spontaneous or untraceable appearance of the disease. Against the introduction of cholera it is even more positive.

It stands upon the same plane of assuring security as that occupied by the Fire Department, the Levees, the criminal law with its machinery of courts, police, etc.

It gives the highest relative but not an absolute guarantee against the importation of disease, and at the same time removes from commerce the fatal impediments of protracted detention or actual interdiction.

A quarantine of ten days as effectually destroys commerce, eventually, as non-intercourse.

The necessities of modern civilization are wholly in the direction of rapid transit. If a particular port does not choose to adapt itself to this higher law, it must endure the consequences in a complete transfer of its trade to ports in competition where wisdom and shrewdness combine for the preservation of the public interest.

When New Orleans closes her gate-ways she starves her own children and feeds the hungry multitudes of New York and Baltimore. Can any but an enemy or a fool saturated with ignorance insist upon a continuance of such a monstrous course?

The history of the old system is one of continual disappointment and grossest absurdity.

A detention of three days was extended to five, ten, twenty days, and finally the abandonment of faith in quarantine altogether, and in its stead a resort to non-intercourse. in violation of law, and submission to the abject instinct of fear.

Forty days' quarantine is non-intercourse technically within the pale of law.

So completely has a quarantine of detention betrayed every confidence, that it has become the rule, established by precedent, to begin the season with the milder term of ten days' detention, to be followed by non-intercourse upon the advent of the "danger period" of summer.

Under the blighting influence of such restrictions, our industries have declined through a steady course of retrogression until we have reached that extreme of abasement when a change of methods has become an imperative question of commercial salvation.

The principal element of sanitation in the present or "OLD System," consists in burning a few pots of sulphur in a ship's hold; a process usually harmless to such germs as rats and roaches.

So feeble and ridiculously inadequate are all the provisions for disinfection and general sanitation, that the officers in charge of the work, while faithfully performing their duties, are moved with pitiful contempt of such absurd measures; and yet the "old system" is the one now enforced, with slight modifications in different localities, in all the sea-ports of this Continent and of Europe.

In our case, infected and healthy ships are crowded in the same station, and all alike have access to the inhabited shores.

After nightfall there is nothing to prevent free traffic between the ships and negroes and low whites who visit them to dispose of fresh vegetables, poultry, eggs, or whatever they may have to sell.

In the case of a cholera-infected vessel, where would this people stand with such a quarantine?

Its protective efficiency is exhibited in the following table compiled from the records in the office of the Board of Health, including fifteen years of rigid enforcement.

Years.	Cases.	Deaths.
1869	9	. 3
1870		587
1871		54
1872		39
1873	1288	226
1874	20	. II
1875	100	61

540	Correspondence.	[June,		
Years.		ases. Deaths		
		83 4	2 I	
1878		4040		
		48		
1881		* * *		
		· · · · · · · · · · · · · · · · · · ·	•	
	_		_	
Total.		5090	6	

Here is a failure twelve times out of a possible fifteen, with a final abandonment of quarantine for non-intercourse; itself a most vulnerable barrier. While we were blockading the mouth of the river, passengers with their full complement of baggage were arriving four or five days direct from Havana, and coffee twenty-five days from Rio, via New York and Baltimore, besides many other like evasions.

A proclamation of non-intercourse is simply an incentive to evasion.

The new system of "MARITIME SANITATION" is founded squarely upon this proposition:

If small-pox, cholera and yellow fever can be demonstrated to exist within a circumscribed and definite limit, as within the compass of a hypodermic syringe, on the point of a scalpel, or within the hull of a ship, and are capable of indefinite extension beyond that limit, it is conclusive that the essential cause, or virus, having powers of reproduction, is a living organism; and, therefore, being an entity definable in loco, it can be destroyed in loco.

If an infected trunk or ship can be destroyed by fire, the virus within can likewise be destroyed.

The same line of reasoning extends to other agents than fire. If every known organic form of life can be destroyed

^{*}The death on the 7th of November, 1883, occurred after quarantine had ceased.

by boiling water and the laundry hot iron, by concentrated sulphurous acid fumes and a solution of the bi-chloride of mercury, the inference is inevitable that hypothetical organic forms can likewise be destroyed.

All the teachings of scientific experiment confirm the conclusion.

Small-pox declared itself in nine distinct foci, during the past winter, in the most crowded parts of this city. Being treated with these agents of destruction applied with the extremest exaction of scientific requirement, the disease did not spread beyond the room of the primary cases. In one instance a nurse was infected.

The Board of Health has simply extended these measures to its quarantine service.

A few words will suffice to outline the methods of application.

The new system contemplates the detention of a ship only so many hours as may be required to cleanse her by the aid of powerful appliances, as speedily as can be effected.

The time will vary from ten hours to two or three days, according to size of vessel, nature of cargo, sanitary condition, and probability or not of special danger.

In order to isolate vessels actually infected, that they may not spread contagion to other vessels or to the inhabited shore, a lower or supplemental quarantine station will be established in Pass-à-L'Outre, an unused outlet of the Mississippi.

Withdrawn from the track of commerce, the sick will be cared for in hospital, the vessel subjected to thorough and repeated sanitation, and detained until, in the opinion of the Board of Health, she may be allowed to proceed to the city.

Her case is exceptional, and must be dealt with exceptionally.

With such a station at this time, we could regard, almost with indifference, the entry of a cholera-infected ship into the Mississippi.

The upper or general station, twenty-eight miles nearer the city, is the one now in use.

When a vessel arrives from a port against which quarantine precautions are required, she is brought along-side the wharf, where she finds every arrangement for the rapid discharging and reloading of cargo, if required. All on board, officers, crew and passengers, with their effects, are at once taken ashore, where, in a room provided, everything they carry, apparel and baggage, is subjected to powerful disinfection.

All clothing and articles that will admit of it will be laundried, and in this process subjected to boiling water and the hot iron. The clothing worn is presently exchanged for other already treated, and this, in turn, disinfected.

The passengers and crew will be received in commodious quarters, comfortably prepared for them, there to undergo the prescribed detention for observation determined according to circumstances of the possibility of their being infected with the disease in its incubatory stage.

If one should fall ill, he is at once removed to a properly isolated hospital, distantly located

The period of observation concluded, without evidences of infection, these people will be returned aboard their ship which, during their absence, has been cleansed and disinfected in every part.

A strict surveillance will be continued over all shipping in port.

The first division of the new system provides for the supplemental station for infected vessels only. The second, for the management of persons arriving at the upper or regular station. These having been described, there remains to be considered the third, for the sanitary treatment of cargo and ship.

A detailed account of this process is unnecessary here. It is sufficient to mention that its speedy and effective accomplishment is assured in the employment of a full corps of acclimated stevadores, a powerful tug-boat provided with

flushing hose, steam siphon, a battery of twelve furnances for the energetic evolvement of germicidal gases (we will use sulphurous acid gas), driven into the ship's hold by a powerful fan at the rate of sixteen thousand cubic feet per minute.

In this manner, after thorough washing, the gas in immense volume and with tremendous force is driven into the limbers and air-strakes, into every crevice and part of that ship until she is completely filled. We go through her with an atmosphere, as it were, of fire.

In doing this we displace the mephitic and dangerous atmosphere closed in her when she started from Rio, we will suppose, and which, if allowed, would have been set free at our levee—the infected atmosphere of Rio to commingle with the atmosphere of New Orleans, deadly ripe, perhaps, for its reception.

We have displaced this not only with a non-infected atmosphere, but with one intensely germicidal—one that destroys organic elements in the air, or on exposed surfaces, with instant greediness.

The decks, ballast and all such parts as are usually treated with carbolic acid or other disinfectant fluids, objectionable on account of odor, staining or inefficiency, will be subjected to the action of an odorless, colorless solution of the bi-chloride of mercury, the most powerful and unsparing germicidal agent known.

This was adopted for the first time in quarantine service last summer, in the stations of this State, and has since been introduced into other important stations of this country.

There is no danger to be apprehended, except from drinking the solution, which is true of every other agent used.

Its cost is about eighty per cent. cheaper than crude carbolic acid.

Our standard solution is six ounces, with a like quantity of muriate of ammonia, dissolved in a half gallon of water, and added to forty gallons of the latter. Salt water is also a solvent.

After a few hours the hatches are removed and pure air is driven in to facilatate clearing the ship of fumes. She is reloaded, her freight perhaps already sent by barge, she proceeds at once to the city, there to be discharged only by an acclimated gang. Her export freights must be ready. She is at once reloaded and starts on her voyage.

This general plan, with its specifications, as exhibited, constitutes the new system of quarantine. Having once been enforced, we may boldly proclaim that, for the first time in the history of quarantine, a ship has been actually cleansed, disinfected, purged of suspicion, by appliances adequate to the work.

Against such a vessel there remains no cause of accusation. Let her go free, and land her boldly along these wharves!

CLASSIFICATION OF VESSELS ARRIVING IN THE MISSISSIPPI RIVER.

- I. Vessels from non-infected ports.
- 2. Vessels arriving from suspected ports.
- 3. Vessels arriving from infected ports.
- 4. Vessels which, without regard to the port of departure, are infected. That is to say, vessels which have yellow fever or other infections or contagious diseases on board at the time of arrival, or have had the same during the voyage.

Vessels of the first class to be submitted to thorough maritime sanitation at the upper quarantine station, without detention of either vessels or persons more than is necessary to place the vessel in a perfect sanitary condition if demanded.

Vessels of the second class to undergo the same conditions, with detention for observation of persons for a period of five full days from the hour of departure from suspected port.

Vessels of the third class must undergo the same conditions with the detention of persons for a period of seven full days from the hour of departure from infected port.

Vessels of the fourth class to be remanded to the lower Quarantine Station, there to undergo thorough sanitation and detention of vessel and persons such length of time as the Board of Health may order.

Begging your indulgence for the unaviodable length of this communication,

I remain, gentlemen, with great respect.

Yours very truly,

JOSEPH HOLT, M. D.,

President Board of Health, State of Louisiana.

Editors N. O. Med. and Surg. Fournal:

Dear Sirs—Having found but little in my medical works relative to strychnia poisoning, I have thought that possibly this statement might be of interest and benefit to your many readers.

On the 20th of April last, I was called to see Mr. C., who had taken strychnia for the purpose of committing suicide, but just before taking the poison he took four or five grains of morphia sulph. which he had gotten from me in the evening. He said he required this to make him sleep as he had been sitting up for two weeks with a dying friend, which I think affected him mentally and prompted him to commit the rash act.

When I arrived he was having tetanic spasms, with intense pain in the bowels. I gave him an emetic in water, as he refused to take anything to prevent the effects of the poison. I then gave him morphia internally and chloroform by inhalation for ten hours.

After I quieted him I commenced giving a mixture containing morph. sulph., sod. bicarb., potass. brom, and potass. iod. every four hours, and gave him a large quantity of sweet milk as often as I could get him to take it. He is now sitting up and talks of going to New Orleans for his health.

Masi

I saved a specimen of the urine after the second evacuation of the bladder, and tested it with sol. potass. nit., sprs. ammon. and heat, which gave a crystalline deposit, indicating the presence of strychnia according to the U. S. Dispensatory.

Very respectfully,

W. W. Pugh, M. D.

Bryan, Texas, April 26th, 1885.

ILLINOIS STATE BOARD OF HEALTH.

We have received the following communication from the office of the Secretary of the Illinois State Board of Health.

At the regular quarterly meeting of the Illinois State Board of Health, held in the city of Chicago, April 16-17, 1885, the following preamble and resolutions were unanimously adopted:

CONCERNING MEDICAL EDUCATION.

Whereas, Many medical colleges do publicly announce that an entrance examination of candidates for admission to their lecture courses will be exacted, and do honestly and impartially enforce such examination; while, on the other hand, a number of schools either avoid making such announcement, or evade the practical enforcement of any requirement of general education preliminary to the study of medicine; and

Whereas, These conflicting practices result in lowering the standard of medical education by attracting to a certain class of schools students who are poorly prepared for the study of medicine: Therefore, be it

Resolved, That, in order to secure the recognition of its diplomas as in good standing for the purposes of the Medical-Practice Act in this State, it is necessary that each college shall distinctly state in its Annual Announcement that the conditions of admission to its classes are: 1. Credible certificates of good moral character. 2. Diploma of graduation from a good literary and scientific college or high

school, or a first-grade teacher's certificate. Or, lacking this, a thorough examination in the branches of a good English education, including mathematics, English composition, and elementary physics or natural physiology.

Resolved, That the Secretary of the Board be, and hereby is, instructed to furnish a copy of the foregoing preamble and resolutions to the Dean or Secretary of every medical college, and to the editors of medical journals, in the United States.

Resolved, That since the publication of the names and addresses of matriculates is desirable for purposes of information, the Secretary be authorized to request of all colleges desirous of being accounted in good standing in this State, that they publish in their successive annual announcements complete lists of the matriculates, as well as of the graduates, of each immediately preceding session.

Very respectfully,

JOHN H. RAUCH, M. D.

Secretary.

Mecrological.

After an illness of six days, Dr. Geo. E. French died of nervous prostration, in Alexandria, La., at 12:30 on the night of May 3d. He was a prominent member of his profession in his parish, having practiced there for more than forty-seven years. Although over seventy years of age, he answered all calls up to the day he was taken ill. A close reader in his profession, he had little time for aught else. The poor of his neighbourhood have lost a friend, as he did much charity practice. He leaves a wife and three sons.

DR. FRANK L. TANEY died at his home in this city on Friday night, May 8th, aged 52 years.

Dr. Tanney was born in New Orleans and was the son

of Mr. Chas. H. Taney, a native of Baltimore, a prominent merchant of this city, and the grand nephew of the late Chief Justice Taney.

His classical education was had at Frankfort College, Tenn. He graduated in medicine in the medical department of the University of Louisiaua, and afterwards in Paris where he spent several years. At the outbreak of the civil war Dr. Taney was appointed by Gov. Moore staff-surgeon of the first division of the militia of Louisiana. Later he served as surgeon to the 10th Louisiana Regiment attached to Nicholls Brigade in the army of Northern Virginia. In 1878 Gov. Nicholls appointed him a member of the State Board of Health for the term of four years.

CAMPBELL.—On Tuesday, May 12th. Dr. Thomas Campbell in the 74 year of his age.

Dr. Campbell was the oldest, and on account of his many deeds of charity and kindness one of the most beloved and respected physicians of Carrollton where his long and useful professional life was spent.

WATKINS.—On Friday May 15, 1885, at 4 o'clock P. M. Julia S., only daughter of Henry Meyer and wife of Dr. W. H. Watkins, a native of New Orleans, aged 32 years. Dr. Watkins has our sincere sympathy in his great

sorrow.

Bemiss.—We announce with regret the death of Dr. J. S. Bemiss, of Cannelton, Ind., nephew of our late distinguished teacher, Prof. S. M. Bemiss. Dr. J. S. Bemiss was born in Bloomfield, Ky., in 1838, and graduated from the University Medical College, of Louisville, Ky., in 1861. He entered the Confederate army and gained distinction as a surgeon.

Proceedings of Societies.

American Medical Association, Thirty-Sixth Annual Session, held in New Orleans, April 28th, 29th and 30th, and May 1st, 1885.

We give our readers, in laconic style, the very marrow of the transactions of the late meeting. For the report of the proceedings of the Surgical Section we are indebted to the New York *Medical Journal* of May 9th; the report of the Section on Obstetrics is a condensation of that contained in the *Medical News*, May 9th, 1885.

The other reports are by members of our own staff.

SECTION ON THE PRACTICE OF MEDICINE, MATERIA MEDICA
AND THERAPEUTICS.

FIRST DAY.

The Section was called to order at 3:30, P. M., Dr. H. S. Didama, of New York, in the chair, and Dr. G. M. Garland, of Massachusetts, Secretary.

DR. L. DUNCAN BULKLEY read on "The Treatment of Carbuncle without Incision." He cited the case of a gentleman, aged 56, florid, who suffered for several years with eczema of the left foot. He was diabetic. A large carbuncle followed the eruption. He applied, thickly spread on lint, the following ointment:

Ŗ.	Ergot	fl,	ext.	0 0	 61.1		0' 0		 	3ii.	
	Tinci	Ox	cidi.		 	0.1		0	 . 6	Sss.	
	Ungue										-M.

This was covered with cotton batting to prevent injury. Sulphite of calcium 1/4 gr. every two hours and occasionally the following:

R.	Magnesiae Sulphatis3iv.
,	Ferri Sulphatis3i.
	Acid Sulphuric, dil3iii.
	Syr. Zingiber
	Aquae q. s. ad

S. Teaspoonful in water through a tube three times daily.

Dovers powder at bed time when required. There was cessation of pain, rapid resolution, and a cure but for slight induration, in eighteen days. The man did not cease work.

He summed up as follows:

- 1. Avoid irritation, pressure, blows, etc.
- 2. Avoid warmth and moisture, as in poultices.
- 3. Avoid incision.
- 4. Do not use stimulants.
- 5. Protect the inflamed parts with the ointment. The solid extract of ergot may be used Spread the ointment at least ½ inch thick.
- 6. Give sulphite calcium every two hours for its effect upon suppuration.
- 7. Give nutritious food and fresh air.
- 8. A sedative when desirable, and occasionally the laxative and refrigerant tonic mentioned.

The advantages gained are:

- 1. Rapid recovery.
- 2. Cessation of pain.
- 3. No scar.
- 4. No detention from business.

In the discussion following, Dr. Hebbard, of Indiana, said that up to a year ago he had tortured his cases with poultices, incisions and the orthodox measures. Since, he had used in every case oleate of morphia. This is rubbed gently into the base of the tumour, and gradually upon the tumour itself every three hours. Pain ceases within twenty-forr hours, and in ten to fifteen days the patients, but for a little induration, are well. He cited two cases.

DR. WILLIS, of Nashville, gave whiskey. One patient drank one-half gallon daily without intoxication.

Dr. Shoemaker, of Philadelphia, thought the views of Dr. Bulkely, with reference to constitutional treatment, excellent, but in certain stages, especially where pus has formed, carbuncles must be incised. He had used sulphite of calcium, and especially chlorite of potassium. In small tumours he had used

Ry. Oleate of lead, Extract of arnica, Naphthol.

He had derived no benefit from oleate of morphia.

Dr. Savage, of Tennessee, three years ago began the use of cantharidal collodion applied in a ring one-half inch broad around the base. This blisters and relieves pain. He makes a small incision if pus has formed. In one case he applied a cantharidal plaster over the whole tumour and extending beyond it with excellent results. The patient, a farmer, was following the plough in a week. He gives calcium sulphide gr. ¼ four times daily.

DR. A. F. PATTEE, of Boston, read on "The Percuteur; Its Use in Diseases of the Nervous System." The instrument was based on the theory of nerve vibration and excitation in the cure of disease. Several cases in which improvement followed were reported.

DR. WHITTAKER of Cincinnati, read a short volunteer paper on "An Attempt at a Radical Treatment of Tuberculosis." The attempts were made with percutaneous or parenchymatous injections, of a solution of bi-chloride mercury into the lung, at the site of the disease. He used a solution of common salt, 10 parts to 1000, and corrosive sublimate, 1 to 1000. About a syringe-full of this solution was injected daily. The results were negative.

SECOND DAY.

The Secretary read Dr. Austin Flint's paper on "A Uniform Nomenclature of Physical Signs which occur in connection with the Respiratory System."

The paper was a provisional report of the committee appointed at the meeting of the International Medical Congress in London in 1881. The committee was composed of English, American, French and German members, and work was assigned to four sub-divisions of the nationalities above mentioned.

TABULATED LISTS

Of terms proposed by the British members and the American member of the Committee appointed at the meeting of the International Congress in 1881, to report on an uniform nomenclature of physical signs which occur in connection with the respiratory system.

PALPATION.

BRITISH LIST.

DR. POWELL AND DR. MAHOMED.

- 1. Vocal fremitus.
- 2. Rhonchal fremitus.
- 3. Friction fremitus.

AMERICAN LIST.

DR. AUSTIN FLINT.

Vocal Fremitus.

Rhonchal fremitus.

Friction Fremitus,

PERCUSSION.

1. Tympanitic resonance.

2. Amphoric resonance.

3. Diminished resonance. Dulness

4. Absence of resonance. Flatness.

5. Increased resonance.

6. *Bell sound.

Tympanitic resonance.

Amphoric resonance.

Diminished resonance. Dulness.

Absence of resonance. Flatness.

Increased or vesiculo-tympanitic resonance.

(Not included.)

AUSCULTATION.

First Group. Varieties of Breath Sounds.

I. Exaggerated, Syn. Puerile, Compensatory. Supplementary.

2. Diminished. Syn. Feeble. Weakened vesicular murmur.

3. Suppressed. Syn. Absence of breath sound.

4. Prolonged expiration. General or local.

5. Interrupted inspiration. Syn. Jerking, wavy, cog-wheeled.

Tubular. Syn. Bronchial. Highpitched blowing.

 Vesiculo-tubular. Syn. Bronchovesicular. Harsh, coarse, subtubular.

8. Amphoric.

9. Cavernous.

Exaggerated, etc.

Diminished, etc.

Suppressed, etc.

Prolonged expiration. High or low in pitch.

Interrupted inspiration, etc.

Tubular. Bronchial.

Broncho-vesicular. Syn. Vesiculo-tubular.

Amphoric.

Cavernous.

Second Group. Adventitious Sounds.

1. Rhonchi. Dry musical sound, (a) Sonorous, (b) Sibilant.

2. Stridor.

Râles. Syn. Bubbling râles, etc.,
 (a) Medium, (b) large. High or low in pitch.

4. Gurgling.

5. Clicking.

6. Crepitation. Syn. Crepitant râle.

7. Metallic tinkling.

8. Splash.

9, Friction. (a) Dry, (b) Moist.

Rhonchi or dry bronchial râles. (a) Sonorous, (b) Sibilant.

Stridor.

Moist or bubbling râles. (a) Medium, (b) Large, (c) Small High or low in pitch.

Gurgling.

Clicking.

Crepitant râle or crepitation.

Metallic tinkling.

Splash.

Friction.

^{*} This term is applied, by some English writers, to a sound produced by percussion, a coin being used as a pleximeter, and the ear applied to the chest. It is supposed to be characteristic of pneumo-thorax,

Third Group. Varieties of Voice Sounds.

- 1. Increase of vocal resonance.
- 2. Diminution or absence of vocal resonance.
- 3. Bronchophony.
- 4. Pectoriloquy.
- 6. Ægophony.

Increase of vocal resonance.

Diminution or absence of vocal resonance.

Bronchophony

Pectoriloquy.

Ægophony.

These terms should be chosen by analysis and comparison of physical signs. The important elements to be considered in establishing a nomenclature of physical signs are: 1, Intensity; 2, Pitch; 3, Quality; 4, Distance; 5, Moisture or Dryness; 6, Succession or Continuity. The only solid foundations for such a study are clinical observation and autopsies.

The paper was referred to the Publication Committee. The Section hopes that the medical profession will respond to Dr. Flint's request for criticism and information.

Dr. N. S. Davis addressed the Section on the "Relation of Clinical Facts to the Question of Contagiousness of Phthisis Pulmonalis." He said that the modern tendency is to neglect clinical observation past and present; to study exclusively one item without any reference to any other. The determination of any such question as the one before us should rest on the completeness of clinical history and observation with a careful study by instruments of precision of all the secretions and fluids of the body. If the bacillus tuberculosis is found in some excreta we are at once told that the case is phthisis and the bacillus is the cause. Are these statements necessarily correct? Grant that the bacillus is found in all tubercular matter and not in other matter, and grant that such tubercular matter if inocculated is always followed by tuberculosis. Is the bacillus of necessity the cause, and the disease itself contagious? Is it not just as fair to presume that the bacillus is simply an accompaniment of the process, found with it, but not the cause? Is it not just as legitimate to say that it got there after the beginning of the disease? The advocates of Koch say: If the bacillus is found in all cases, then its relation is causal. But some form of bacteria accompanies every form of deterioration.

The microscope must be called in to assist in settling this point. It has shown that the bacillus is not present in all cases. But if a microscopist, however expert, finds

some tubercular matter without the bacillus, they say his observations are imperfect. According to this, Koch must examine every specimen of such matter, or the result will

be questioned.

If tuberculosis follows the inoculation of tuberculous matter, or the bacillus in animals easily made tuberculous, three probabilities may be asserted: 1. The bacillus may be the cause; 2. The matter may be the cause; or 3. The excreta may be the cause. Inoculation with the bacillus alone, without any other matter has never been accomplished, and doubts must always accompany the results of the experiments until some one catches one of these little organisms by the tail and inserts it alone into the subject. Medical men jump to conclusions too hastily.

We are told if we fail to find bacilli, maybe the spores are there. As to spores he would say that years of microscopical study has shown him that one can see anything with the instrument he sets out to find. Where do spores come from? If the body of a healthy man be exposed twelve hours in a high temperature, an abundance of spores will be found. All organic matter undergoing decay is accompanied by some form of spores. May not the atoms of bioplasm, which develop into high forms, as cells, in the process of deterioration change into germs?

He has gathered up much material reviewing the clinical facts of cases supposed to have resulted from contagion. Of the millions exposed to infection, he ventured to say that not one in a thousand manifested any indication of the disease. In the hospital for consumptives, in Chicago, in which there has been an average of fifteen Sisters of Charity as nurses since 1850, not one has died of phthisis. Of the internes, of whom there are usually four, not one that had not any indications of the disease prior to his entrance has died of consumption. And the story is the same in all hospitals. When we advance such facts, we are given histories of cases where husbands infect their wives, or vice versa. These are only coincidences.

We are further told that bacilli are floating in the air. If so, and the bacillus is the cause of consumption, why

has not the human race been annihilated?

We are told that it requires a predisposition or starting point of deterioration. If so, then logic would say that the deterioration or predisposition was the disease and the bacillus was only present as other germs.

Dr. Lynch, of Maryland, has been engaged in investiga-

ting this question and had attended the meeting at Washington for this purpose. The conclusion which he had arrived at was that the bacillus was not a factor in the cause of phthisis. It is formed wherever there is any caseating cellular matter. In every pathological state some bacteria are present, but they don't produce specific diseases if carefully separated from the matter in which they exist. Ten young men inoculated themselves with the gonococcus without any result.

Dr. WHITTAKER, of Cincinnati, believed that tuberculosis was contagious and that the bacillus was the cause. He believed that more than half of us have tuberculosis but only a few develop into consumptives and die.

DR. SHOEMAKER read an abstract of his paper on "The Hypodermatic Injection of Oils in the Treatment of Diseases."

Experiment and clinical observation had shown that oils indigestible by the stomach would be absorbed after inunction or injection under the skin. An ounce of oil had been injected into a dog with no bad effect. An insane man was so treated for a week until he began to take food. Dr. Whittaker had thus used milk in one drachm doses in a case of gastric ulcer, but he gave it up for cod liver oil in two drachm doses every two hours, the patient taking altogether eight ounces a day. Two abscesses formed from the milk, but none from the oil.

In one case—lupus—where cathartics had failed, he injected two drachms of olive oil with almond oil: the result was an operation two hours later. In apoplexy, croton oil might thus be used.

The nutritive effect of oil thus used has been proved beyond a doubt, and this is a valuable method in scrofula and like cases, and in persons who cannot assimilate their food. The oil may be used alone or with drugs. It is especially useful in diseases of the alimentary cereal.

In one drachm doses, castor oil is laxative. Cod liver oil may be given in two drachm doses every two hours.

The syringe should be large, holding from 3ii to 3iii, and the needle should be of large calibre. The oil should be deposited in the cellular tissue, and localities should be chosen where this tissue is abundant, as the buttocks, arms and legs. Some little redness at the point of entrance of needle, and some slight swelling may be produced.

THIRD DAY.

DR. J. H. HOLLISTER, of Chicago, read on "Cholera and Its Treatment."

He discussed the disease as to

- 1. Origin.
- 2. Pathology.
- 3. Mode of propagation.
- 4. Means of control.
- 5. Treatment.

Cholera probably had its origin in the Ganges. It first appeared in London in 1669, and in Paris in 1793.

In Madras it is endemic, and under certain meteorological conditions becomes epidemic.

The first great epidemic which swept over the world started in June or July, 1817. In 1818 it broke out afresh in Bombay, after having nearly died out in January of that year. In 1822 it appeared in the Caspian Sea, and in Eastern Russia in 1829, having in the meantime barely survived several severe winters. It appeared on the Baltic in 1831, in Berlin in August, 1831, in England in October of the same year, and in Quebec, Canada, in June, 1832. From this last point it rapidly spread over America.

In America it is not endemic.

It is not carried by air or ocean currents, but is always brought by infected ships from infected ports.

It moves on land only along lines of travel.

It never appears in isolated localities.

The comma bacillus is the practical point of discussion. Is it the cause of cholera? The French Commission in Egypt reported adversely to such an opinion, and Dr. P. Lewis of Calcutta states that the so-called comma-bacillus or something similar to it is formed in the saliva of healthy persons. The crucial test—inoculation and production of the disease—has not yet been performed. The conditions for the life and growth of the poison outside of the system are:

- 1. Warmth—below 32° is fatal to it.
- 2. Moisture.
- 3. Decaying organic matter.

The Doctor spoke of the pathology as generally understood and had begun upon the question of contagion when his time expired.

Dr. Austin Flint was to have opened the discussion

but sent a short paper in his absence.

He began by stating his belief in the specific character of cholera, and in the coma-bacillus as the cause. He raised the questions of importance of quarantine and other means of prevention of cholera, and its control when in progress.

It may be disseminated by air and water, but are there not other means? Do choleraic dejections contain the

agent, and is it in those of cholerine?

He believes that cholera might be stamped out as in New York in 1867, where house to house inspections were so valuable. It was important to treat the premonitory diarrhea, to remove filth, and employ good hygienic measures.

In therapeutics, nothing compared to opium up to the stage of collapse.

DR. N. S. Davis had found the comma-bacillus in any serious diarrhœa. He was a total disbeliever in the idea of importation. He had seen cases develop in the city totally independent of each other and before cholera was thought of. It is one thing to follow the official record and another to be on the spot. Cholera was in the city six weeks before it became known. He had reported a case of cholera nearly two months before the authorities discovered the disease, but his statement had been pigeon-holed. In July, 1866, it started in Chicago. A rainy season in August washed the city clean and the disease died out. In October it became hot and sultry and it broke out again in the filthiest part of the city. The treatment of cholera is cleanliness.

DR. Lynch has very little belief in the bacillus as a cause. Dr. Flint deprecates opium in collapse. In cholera nostra with rice water discharges, blue, cold surface and contracted skin, he uses morphia and atropia with immediate success. He would use it in cholera.

Dr. Jackson, of Tenn., thought that however physicians may differ in opinion, yet they owe it to their communities to treat all such diseases as cholera as contagious until the contrary is proved. He is a believer in the germ theory, both generally and as applied to cholera.

DR. SCHAUFFLER, of Missouri, hoped he misunderstood Dr. Davis when he said that cholera is not imported and is not portable. He thinks the disease originates in the Ganges,

is always imported and does not lie dormant in the large cities. He thinks liquids should be withheld in the treatment of cholera.

Dr. Jos. Jones of New Orleans, believed in the germ theory as applied to cholera, that it is portable, and dependent upon bad sanitation. It came down the river in 1832, and driving out yellow fever caused 6000 deaths in 20 days.

DR. TAYLOR of the U. S. Army, thinks the disease contagious, but is doubtful as to the part played by the comma-bacillus. Isolation in his opinion is an absolute prevention. Filth, bad water, and bad sanitation tayor its spread. Nothing equals opium in the early stages. It is contraindicated in collapse.

DR. WHITTAKER of Cincinnati, thinks cholera an imported germ disease. No chemical agent increases in the body as does the poison of cholera. Koch did not assert that the comma-bacillus is the cause of cholera; it is present in all cases.

Dr. Greenlee of Kentucky, had noticed the disease prevailed in localities where malaria was rife. He uses morphia in collapse.

DR. JENT of Texas, anticipated great benefit from opium camphor and capsicum.

Dr. Hollister closed the discussion with his ideas of treatment:

1. Opium.

2. Recumbent position.

3. Hot drinks.

4. No solids.

5. Stimulants to the surface.

He would ask Dr. Davis why it is that for 12 years there has been no cholera in Chicago. Certainly, such meteorological conditions as favor cholera had existed at some periods during that time.

DR. COCHRANE of Alabama, read an abstract of his paper on "Hæmorrhagic Malarial Fever:"

I. This form of malarial fever originates only in malarial regions, though it may exhibit itself elsewhere.

2. The poison is the same as that of remittent and intermittent fevers,

- 3. It may show itself in the following forms:
 - a. Intermittent.
 - b. Remittent.
 - c. Congestive.
 - d. Quasi-continued.
- 4. The congestive form is almost necessarily fatal; the prognosis in the remittent and quasi-continued forms is bad; the intermittent form is less fatal.

5. The negro is comparatively exempt.

6. Only those persons suffering from malarial cachexia are attacked.

7. One attack is not protective.

8. It begins usually in the afternoon or at night with a chill followed by fever, bilious vomiting, discolored urine, jaundice.

9. The fever except in the remittent and quasi-continued form is not usually high.

10. Skin harsh and dry.

11. Bowels constipated, liver torpid.

12. Vomiting, early nausea: matter yellow, green, black or even blue.

13. The black vomit is usually changed bile.

14. Icterus begins with the chills and deepens rapidly.

15. Characteristic red urine, profuse at first, begins with the chill. In fatal cases there is suppression.

16. This red urine is albuminous with granular casts. Color is due to blood pigment hæmoglobin—not corpuscles.

17. The post mortem appearances are similar to those of other malarial affections, with enlargement of the kidneys added.

Cases reported, 642: deaths, 188 24. 60 per cent.

As to the treatment:

1. The superabundance of bile renders the use of mercurials of great service. Some physicians use small frequently repeated doses; others, large doses. One doctor was in the habit of giving 60 to 70 grains at a time.

2. Warm drinks were of service in promoting emesis to get rid of the large amount of bile thrown into the

stomach.

3. Sweating to reduce the harshness of the skin and promote its action; for this purpose heat to the surface, hot drinks and occasionally diaphoretics were used.

4. Management of the kidneys was a disputed point. The majority were in favor of letting them alone. Even

in suppression of urine trust to the compensatory action of the bowels and skin.

5. Quinine was formerly looked upon as the sheet anchor in this affection. It exerts less control here than in any other form of malaria and is losing ground.

Time called and discussion announced.

DR JENTS, of Texas, had treated 47 cases with 5 deaths. He thinks the red color due to blood corpuscles. He uses calomel first, last and always.

Dr. Taylor, of the army, had an experience similar to Dr. Cochrane's. He had always found micrococci in the blood of those cases, and always blood corpuscles and albumen in the urine. It was very fatal. Quinine would control the fever to a certain extent, but nothing more. Calomel and bicarbonate of soda in small doses are of great value.

Dr. Jos. Jones, of N. O., thinks most cases of so-called hæmorrhagic malarial fever, or hæmaturia, are really melanuria. The fibrin is increased as in inflammation. There is red matter in the urine in all fevers. In melanuria, in addition to blood corpuscles, there is also bile as shown by testing with nitric acid. Serum of a blister is so colored. The origin of this disease is congestion of the kidneys, and the consequent pouring out of blood in the tribuli uriniteri just as in congestion of the brain. The rest of the pathology is due to the paralysis of function of the kidney so produced.

The prime cause is malaria.

He expects good effects from calomel since the pathology includes an increase of fibrin in the blood, but he would not abandon quinine.

SECTION IN SURGERY AND ANATOMY. Dr. Duncan Eve, of Nashville, Tenn., Chairman.

FALSE DOCTRINE IN THE TREATMENT OF FRACTURES was the title of the first paper read by Dr. John B. Roberts, of Philadelphia. He maintained that a primary bandage, when applied beneath a splint, was often unnecessary and frequently did damage. Passive motion was often employed too early, especially when the fracture was in the neighborhood of a joint: in such cases it was not only useless to prevent ankylosis, but positively injurious by setting up inflammation. Under other circumstances it was not needed before the lapse of three or four weeks, or

until union was well established. Splints were often kept applied too long; in cases of fracture of the tibia or fibula he generally allowed the patient to go about at the end of ten or twelve days, and with fracture of the radius no splint was usually needed after the same length of time. In fractures of the skull there was not so much danger from exploring the fracture as from neglect to do so.

In fracture of the nose it was impossible to keep the arch in proper position with the adhesive plaster dressing, as was sometimes attempted; the best way was generally to transfix with pins. It was unnecessary to insert tubes into the nasal passages unless for the purpose of maintaining apposition. For fractures of the clavicle the axillary pad was generally worthless: if the posterior part of the scapula was fixed, the pad was unnecessary. In fractures of the surgical neck of the humerus, instead of the internal angular splint, it was generally best to carry the arm forward and maintain it against the side, with the hand elevated to the opposite shoulder, and use a small axillary pad. In fractures at or near the elbow he did not approve of the anterior and posterior angular splints, but thought the best results would be obtained by means of the straight position. As to the interesseous pad in fractures at or near the middle of the forearm, it did not effect what was expected of it. In fractures of the phalanges and metacarpal bones, one of the best methods of securing and maintaining apposition, and avoiding deformity from overlapping, etc., was by the use of a splint attached to the forearm and extending beyond the ends of the fingers, whereby extension could be kept up by strips of adhesive plaster.

In the matter of diagnosis, shortening was not of so much value as many supposed, from the fact that there were often normal differences between the two sides.

The subject was discussed by Drs. Buck, of Iowa; Quinly, of New Jersey: A. Budd, of Missouri; Murphy, of Minnesota; Byrd and Cook, of Illinois; and White, of New York.

THE TREATMENT OF COMPOUND FRACTURES BY FREE DRAINAGE AND WIRING OF THE BONES was the title of the next paper, by Dr.W. P. Veritz, of Chicago. He thought no fragments should be removed unless they proved sources of irritation, as they were needed for support and should be wired together. He reported several very inter-

esting cases and illustrated them with drawings. The discussion was postponed until the next day

Do WE FIND FROM MICRO-ORGANISMS IN INCLOSED CAVITIES A HITHERTO UNSUSPECTED DANGER TO SURGICAL LESIONS? was the title of the first paper read on the second day, by Dr. H. O. MARCY, of Boston. The author cited several cases of ovarian cysts in which micro-organisms had been found in the ovarian fluid.

In the discussion, Dr. Byrd, of Illinois, referred to a case of abdominal enlargement in which he had performed tapping, and afterwards, as there seemed to be more trouble, done laparotomy for the removal of the cyst, but found the abdominal cavity perfectly normal.

DR. HURST, of Illinois, thought that Dr. Byrd's case was probably one of hydronephrosis, and that an operation should not have been performed without a microscopical examination of the fluid which had been withdrawn.

Dr. Peck, of Iowa, alluded to a case in which he had diagnosed a large ovarian tumor, and had put the patient under treatment preparatory to the performance of ovariotomy, when she suddenly died, soon after coitus, probably from rupture of the cyst.

The Surgical Treatment of Cysts of the Pancreas was the title of the next paper, by Dr. N. Senn, of Milwaukee. The paper was exhaustive and interesting, and ended with the following conclusions: 1. Cysts of the pancreas are true retention cysts: 2. Cicatricial contraction or obliteration of the common ducts, or its branches, and impacted calculi are the most frequent causes: 3. A positive diagnois is impossible; a probable diagnosis of this or some other cyst amenable to the same treatment, is enough for all practical purposes: 4. The formation of a pancreatic fistula, under antiseptic precautions, commends itself as the safest and most expedient operation.

Two Ovariotomies on the same Patient.—Dr. Joseph Ransonoff, of Cincinnati, read a paper with this title. Commenting on the case, he gave some statistical information concerning the frequency of bilateral ovarian disease and the increased danger of bilateral ovariotomy. On this account, and because there was a possibility of impregnation when even a partially diseased ovary remained, conservatism should be practiced except in woman approaching the climateric. Of thirty-two women on whom ovariotomy had been performed twice, five had given birth to an

aggregate of fourteen children during the interval between the operations. Furthermore, the mortality of second ovariotomies was light, since in thirty-two cases only four out of five deaths were directly attributable to the operation.

The paper was discussed by Dr. Reid, of Ohio, and Dr. Warren, of New York.

GIANT GROWTH OF THE LOWER EXTREMITY.—This was the title of a paper describing a case of excessive development of the lower limbs in which the feet measured over twenty inches in length.

A CASE OF NECROSIS OF THE TIBLAAND FIBULA OF TEN YEARS DURATION was the subject of the next paper, by Dr. R. H. Jenkings, of Georgia. At the operation, almost the entire tibia was removed, together with a portion of the fibula, and the patient made a good recovery and had a useful limb.

The discussion on Dr. Verity's paper was then taken up. Dr. Ransohoff asked the author in what cases he would recommend wiring. He was answered: In cases where it was otherwise impossible to keep the fragments in apposition, which was often the case if the soft parts were so mutilated as to make the wearing of a splint impraticable; and also where it was necessary to get at the parts frequently for purposes of cleanliness and drainage.

Dr. Byrd thought there were good reasons for resorting to the measure even in some cases that were not complicated with a wound, like those of fracture of the jaw, for

instance.

Colo-proctitis Treated with Hot Water Douches and Stretching or Division of the Spinicters was the subject of the first paper read on the third day, by Dr. A. Y. P. Garnett, of Washington. He reported a number of cases that had been so treated. The patients had been kept in bed and restricted to a diet of half a pint of milk every 3 hours, injections of hot water with twenty drops of laudanum, were given every few hours. In other cases, more stubborn, the sphincters were either cut or stretched at the outset.

DR. DAWSON, of Cincinnati, generally used the knife freely in such cases, dividing both sphincters. The treatment must be radical.

DR. RANSOHOFF thought that the division or paralyzing of the sphincters brought into play the principle essential to success—rest.

Dr. Peck reported a case of apparently permanent paralysis from manual exploration of the rectum

A Patient with a Growth in the Temporal Region was shown, and referred to a committee consisting of Drs. Kinloch, Dawson and Warren for examination. The committee reported that the growth was a fibrous tumor.

AUTOPLASTY WITH CASES was the title of the next paper, read by Dr Formento, of New Orleans, in which several very interesting cases were reported

Several papers were then read by title and referred to the Committee on Publication, and the Section adjourned.

SECTION ON OBSTETRICS AND DISEASES OF WOMEN.

FIRST DAY.

DR. R. S. SUTTON, of Pittsburg, Chairman, called the Section to order.

DR. Wm. II. WATHEN, of Louisville, read a paper on the Treatment of the Secundines in Abortion and Labor, of

which the following is an abstract:

Three methods have been urged: (1) The expectant method: (2) The immediate removal: (3) A course, intermediate. During the first two months of pregnancy no placenta exists, and the egg, together with the decidua, is usually expelled in abortion en masse. Even in case of retention of membranes, during this period, no operative interference, of a radical character, should be instituted, as the fotal envelopes are comparatively innocuous, and the danger from trauma is relatively great. From the third to the end of the seventh month, it is advisable to remove the secundines immediately, irrespective of the condition of the cervix as regards dilatation.

The retained placenta in premature labor, or labor at full term, should always be removed at an early period. In the third stage of labor, if the placenta was not spontaneously expelled within thirty minutes, it should be removed. The old method of the application of the *vis a fronte*, by traction on the cord, and Credé's method of the application of the *vis a tergo* by expression, should be com-

bined.

DR. JAMES R. CHADWICK, of Boston. The treatment during the first two months should be governed by the history of the case. If the woman was a "bleeder," im-

mediate operative interference should be instituted; if she had had previous abortions, it was advisable to temporize. Placental forceps were absolutely worthless; the best instrument for the removal of the secundines, as insisted upon by Dr Sinclair, of Boston, was the finger. The finger was also the best dilator.

DR. W. W. POTTER, of Butfalo, N. Y., reported a case of Parametric Abscess. He called attention to the following

points of interest in connection with the case:

1. The rapidity of the formation of the parametric abscess in the non-puerperal state. 2. The rapid closure of the abscess cavity by granulations. 3. The large amount of pus (three pints) evacuated. 4. The beneficial effect of the iodoform emulsion. 5. The possible influence of cotton-root and gin, advised by a friend of the patient, as an etiological factor.

DR. GEORGE F. FRENCH, of Minneapolis, read a paper entitled, How soon after Exposure to Sepsis may the Accoucheur resume Practice?

After discussing the subject, he gave his method of

disinfecting his hands as follows:

It is always possible after the ordinary use of a nail-brush or knife, to remove particles of dirt in which the microscope reveals living germs of possible infection. On this account he cuts his nail short and swabs under them with a blunt instrument covered with cloth and wet with some disinfecting liquid. He formely used for this purpose 5 per cent. carbolic acid, but this made the flesh crack—so he now uses instead corrosive sublimate solution I: 2000. For hang-nails, cracks, and abrasions he uses collodion.

After citing several cases, he comes to the following

conclusion:

"If you have thoroughly disinfected yourself, you can immediately enter upon obstetric practice. Time does not destroy septic dirt."

DR. S. PAINE, of Texas, reported an interesting case of Subserous Fibroid Tumor of the Uterus. The patient, white, forty-three years old, native of Louisiana, began to have pains in the abdomen and pelvis about two years ago: menorrhagia and leucorrhæa. A tumor was demonstrable, which grew so rapidly that all the abdominal viscera were encroached upon, and respiration was interfered with. The diagnosis of subserous fibroid tumor of the uterus was made. Squibb's aqueous extract of ergot, rubbed up in

glycerine and water, was exhibited in large quantities, through one year, hypodermatically, with the effect of causing almost entire disappearance of the swelling. As much as ten grains, three times daily, were exhibited. No tendency to spasms, gangrene, or other expression of ergotism, was observed. The cardiac rhythm was slowed.

DR. Nelson, of Chicago, thought that Dr. Paine's case could be multiplied. Before the formation of omental adhesions ergot will, in many cases, control the growth of the tumor. The great mistake in the exhibition of ergot is that it is generally given in too small doses through too short a period of time.

SECOND DAY.

DR. R. J. Nunn, of Savannah, Ga., read a paper on the Multiple Speculum Uteri, and an Improved Dressing Forceps.

DR. S. M. HEALEY, of Cumberland, Md., then described a new speculum and a new vaginal irrigator.

DR. GEO. J. ENGELMANN, of St. Louis, read a paper on the Improved Technique in Gynecologial Operations, Minor and Major.

DR. HENRY O. MARCY, of Boston, read a paper on the "Role" of Bacteria in Parturition.

DR. A. REEVES JACKSON, of Chicago, read a paper entitled Vaginal Hysterectomy for Cancer. A surgical procedure, to be beneficial, should relieve suffering and prolong life. If it fail to effect either of these results, it is useless. If it destroy more lives than it saves, it is injurious, and should be abandoned.

He came to the following conclusions:

1. Any operation for cancer which does not completely remove the disease will be followed by recurrence.

2. During life the diagnosis of the extent of cancerous disease originating in any part of the uterus is at present impossible, hence no operative procedure can afford a guarantee of complete removal.

3. In view of this necessary doubt, no operation is justifiable which greatly endangers life, provided other and

safer methods of treatment are available.

4. Vaginal hysterectomy has sacrificed the lives of more than one-third of those who have been subjected to it, the mortality of the operation when done by those of greatest skill and experience being over thirty-six per cent.



- 5. Other methods of treatment, attended by not more than from one-sixth to one-fourth the mortality of vaginal extirpation are equally efficient in ameliorating the symptoms and retarding the progress of the disease, and these have been followed by as good or better ultimate results. Hence they should be preferred.
- 6. Hysterectomy does not avert or lessen suffering; it destroys and does not save life. It is, therefore, not a useful but an injurious operation, and being such, it is unjustifiable, and ought to be abandoned.

THIRD DAY.

DR. W. JAGGARD, of Chicago, read a paper on the Ring of Bandl.

DR. GUSTAV ZINKE, of Cincinnati, then read a paper on Emmet's Operation: When Shall It and When Shall It Not be Performed?

He summarized his conclusions as follows:

- 1. It is evident that the operation has been performed unnecessarily for symptoms similar to but other than those arising from lacerations of the cervix. Further, that it has been done imperfectly, even without preliminary treatment, in many more: and the failure to give relief, as reported by several, is due to these two causes.
- 2. That from our present knowledge we cannot, at this time, arrive at any definite conclusion, from the fact that many of the so-called consequences of lacerations of the cervix uteri are not settled beyond doubt.
- 3. That every one engaged in this department should carefully select his cases, and try every known means to give relief before resource is had to operation.
- 4. The operation should never be performed *eo ipso* in cases of simple fissures or lacerations of first and second degree.
- 5. In cases of eversion and disease of the cervical or corporeal cavity, or both, although attended by hyperplasia and displacement, it has been observed that all the symptoms abated and the parts returned to their natural condition, and that no laceration was discoverable after alleviative measures were instituted first, which alone caused the parts to return to a normal condition.
- 6. There are some cases of extensive lacerations of cervix that seldom give rise to any inconvenience, and that,

therefore, an operation should be deferred until symptoms arise that will call for its performance.

- 7. The operation, although indicated, should never be performed until, by preparatory treatment, the parts have been brought into a healthy condition.
- 8. Near, and during, the climacteric period the operation should be postponed as long as possible, and the patient not exposed to any risks, since in many cases all the symptoms subside under proper treatment, and never return on account of senile involution.
- 9. The operation is justifiable in cases of lacerations of the third and fourth degree, without complications, if there is a history of malignant disease in the family.
- ricty in young women, as a preventive, if the laceration is bilateral and extends up to the cervico-vaginal junction, or beyond it, even though there are no pathological changes; indeed, it seems to be the duty of every one who observes a lesion to that extent, to urge the operation.
- II. The operation is justifiable in any degree of laceration, and in rare instances even in fissures, when there exist cicatricial tissues, productive of reflex disturbances, annoying in character, and not tractable to any other treatment.
- 12. The operation is absolutely indicated in all extensive tears of the os, in which the cervix is everted, its mucous membrane and Nabothian follicles diseased, and especially if there be granular or cystic degeneration present, provided, the parts have first been restored to a healthy condition by palliative treatment.
- Dr. S. C. Gordon, of Portland, Maine, read a paper entitled "Reasons for and Results of Some Cases of Tait's Operation."
- DR. B. E. HADRA, of San Antonio, Texas, presented a paper entitled "Intraperitoneal Adhesions Considered in Relation to Battey's and Tait's Operation."

He concludes from the detailed consideration of four cases, taken as types, that intraperitoneal adhesions may exist high up in the abdominal cavity, between various portions of the intestines, and that in all cases of abdominal section, after examination of the uterus and annexa, the hand should be made to search for such adhesions.

SECTION ON DISEASES OF CHILDREN.

FIRST DAY.

DR. POPE in the chair.

DR. H. R. KELLY, of Gelin, Ohio, read a paper on the "Treatment of Diphtheria in Children."

The doctor disclaimed having a specific to offer, but simply wished to describe the disease as found and treatment as followed most successfully in his practice.

Five or six epidemics had occurred in his community in the last 30 years, and cases every year for the last seven.

He recognizes two principal types, the "anæmic" and the "inflammatory," named from the appearance of the throat.

In the anæmic we find: A weak, thready pulse, low fever, a feeling of lassitude, little headache, little or no swelling of the glands, the throat looks anæmic, the membrane seems depressed, the edges lower than surrounding tissues.

In favorable cases the disease lasts from two to three weeks. Croup is more frequent in this variety. When epidemic it causes more or less paralysis. When fatal patients die generally from heart failure.

This variety of diphtheria was then illustrated by the report of three cases. Two successful; one, after apparently progressing very well, died suddenly from heart failure during convalescence.

In the inflammatory variety patient has chill, high fever, anorexia and full, strong pulse. Complains of severe headache and earache; throat glands become enlarged and painful, the face and eyes are congested. There is more or less delirium. The throat has almost an erysipelatous appearance. The membrane is bright yellow, with edges elevated above the surrounding parts. The course is rapid. The nose is generally implicated, and alarming epistaxis may occur. Croup is not likely to appear. The sloughing in these cases is sometimes extensive. To illustrate this another case was reported. Out of over one hundred cases paralysis was present in twenty-two, outside of the muscles of deglutition which were paralyzed in almost every instance. Only two deaths occurred.

The treatment in the two forms is different.

In the anæmic: Alcohol from the start, quinia if necessary, tincture of iron in full doses frequently repeated.

Locally: Used either as a spray or gargle the following has proved most satisfactory.

every two hours, alternating with a drachm of solution of chlorate of potash.

In the inflammatory variety: Arterial sedatives at first,

then alcohol freely administered.

Quinine if necessary. Locally: A spray of

Tinct of iron	3ii.
Chlorate of potash	3i.
Glycerine	Zii.
Water	Зi.

used every hour. If membrane becomes fetid add a few

drops of carbolic acid.

Especial attention should be paid to the diet. Children should be made to drink as much milk as possible, three quarts a day not too much.

The treatment of the paralysis is strychnia, quinine, iron,

electricity and good rich food.

Dr. Ulrich, of Chester, Penn.: Nothing succeeds like success, and facts were scarcely open to discussion; his experience, however, led him to condemn the treatment. He had abandoned the use of local applications as difficult, and questions whether they are useful, even if practicable. He had seen a death produced by an attempt to make an application to the throat. Had first met with the disease in Louisiana in 1860, and after a number of disastrous cases had scored a number of successes with the use of large quantities of chlorate of potash. Has not materially changed his treatment since, though he has had an extensive experience. Gives now as much chlorate of potash as the patient will bear, also tincture of the chloride of iron and plenty of nourishment. He lets the paralysis alone, as it gets well of itself. When children in the same family have the slightest sore throat he puts them immediately on the chlorate of potash treatment.

DR. WILLIAMS, of Michigan: Had met with a large number of cases of diphtheria during the four years previous to 1882, as city physician in his city. The variety he has met most frequently begins with high temperature.

He gives large doses of quinine, tincture of iron (one drop for every year) every hour, and uses chlorate of potash as a gargle, with instructions to swallow a portion at each gargling. Gives as much nourishment as possible, and stimulants in large quantities. Applies locally tincture of iron, first wiping off the adhering mucous. He has seen the pain in swallowing much relieved by these applications. He does not consider the use of the spray practicable. In four years lost only one of the city cases.

DR. WHITE, of Texas, stated he had seen a child with marked exudation get well by giving it epsom salts and applying locally flour of sulphur.

Dr. Ulrich said the worst cases seem to commence with swelling of the muscles of the neck, generally no membrane could be seen in the mouth, but the nose was always involved: they did not commence with very high temperatures.

DR. POPE, of Texas: Had seen patches in the throat, with fever, from indigestion. He would consider paralysis as proving the disease to have been diphtheria. He mentioned the fact, as a matter of curiosity, that diphtheria did not appear in Mexico prior to the coming of Maximilian.

Dr. Kelly, in closing the discussion, said that much depended on how the local application was made. He did not believe in swabbing out the fauces with a sponge attached to a probang. Had found no trouble in using the spray. He had never had as great success in treatment as during the last year, and had never used the spray before. He had seen patients choke to death with the diphtheritic membrane. It has not been his experience that paralysis gets well without treatment.

SECOND DAY.

Dr. R. J. Nunn, of Savanah, Ga., read on "Successful

Results of a New Treatment of Diphtheria."

The doctor first referred to an article written by himself on the efficiency of peroxide of hydrogen in removing diphtheritic deposits, and then reported a case which died seventeen days after the successful removal of the membranes by that drug.

From this he became convinced that an antiseptic treatment was necessary to combat successfully the destructive

influence of the diphtheritic poison.

From the table of Dr. S. Miguel, which is given in full, biniodide is found to be the most powerful germicide, being three times as powerful as the bichloride of mercury. A large quantity of the drug was not necessary. In the cultivation of the 4 aspergillus niger one part in 1,600,000 of nitrate of silver added to the nutrient fluid stops the growth of the plant.

Following these indications, a solution of one grain of biniodide of mercury to four ounces of a solution containing iodide of potassium is made, and five or six drops of

this is given every ten or fifteen minutes.

If the membrane is thick it is first acted upon by papayotin to prepare it for the action of the peroxide of hydrogen.

Papayotin is used in preference to pepsin, pancreatin, etc., because it acts equally well in acid as in alkaline so-

lutions

To sum up:

First, peroxide of hydrogen is applied frequently by spray or brush; then the parts are cleaned and papayotin blown upon them if they seem to need it; thirdly, the biniodide is given in the doses above mentioned.

A very small amount of the drug is given, and it may be

kept up for long periods without injury to the patient.

The doctor gave stimulants and nourishment in large

quantities.

He also gives syrup of iodide of iron when there is evi-

dent depravity of the blood.

The iodide of potassium being highly diffusible and possessing some antiseptic properties, as was shown by his having kept the urine of patients taking this drug for months without the occurrence of decomposition, acted both as germicide and vehicle. For this reason the strength of the solution of iodide should be as great as the comfort of the patient will permit.

The use of small doses frequently repeated is to insure

a constant flow of the germicide through the system.

Out of fourteen cases thus treated there were three deaths, these being the only ones treated without the biniodide of mercury. In the first case the peroxide of hydrogen was used alone; in the second the treatment as advanced in the paper was used, except that the bichloride was used instead of the biniodide, and in the third, which had previously been treated with chlorate of potash and tincture of iron, the peroxide of hydrogen and pepsin were used locally.

Dr. Nunn gave the histories of several successful cases illustrating his treatment. In none of these cases, though some were severe, were there any sequelæ. In one family he had been able to trace the origin of the disease to defective plumbing.

Great stress must be laid upon the kind of mercurial treatment. The biniodide given in the manner described above was much more efficacious than any other he had

tried.

This treatment was not offered as a specific, but simply as having been successful in the cases mentioned, and, granting the germ origin of this disease, theoretically sound. To summarize the treatment it included: 1st, A blood antiseptic, which is also; 2d, A local germicide; 3d, A softening agent or digestor of the membrane; 4th, A solvent of the membrane.

DR. WALTER, of Little Rock, Ark., said: The profession in his section had tried and abandoned the biniodide of mercury. He had had very poor results from his treatment at first; later, with the use of tincture of iron, chlorate of potash and vaporized water, he had been more successful. He favored the expectant treatment, the main reliance being placed in stimulants and feeding.

DR. J. WEICHSELBAUM, of Savannah, had used the same treatment as Dr. Nunn with great success.

DR. CATLIN, of Wisconsin, has used nearly all the remedies recommended for diphtheria except the present.

Had had a great deal of experience. In one epidemic in his section of the country there were from 500 to 600 cases in a total population of about 7,000. Sometimes never lost a case, at others was not so successful. Epidemics varied very much in virulence. Commenced his treatment with a heavy dose of quinine, sometimes twenty grains. Followed this with a saturated solution of chlorate of potash and with tincture of iron. Depended a great deal on stimulants and nourishment.

He thought at one time he could always cure diphtheria. He was disabused of this by losing eleven out of fourteen

cases in one family.

In another epidemic he lost eight cases out of about 150. His method of using chlorate of potash solution is to gargle and swallow a drachm afterwards.

Had tried the bichloride without marked results.

DR. NANCE: Had never seen a case of diphtheria re-

cover after voice was suppressed. Asked Dr. Nunn how

the peroxide of hydrogen acted.

DR. UPHAM, of Vermont: Had seen a great deal of diphtheria since 1860. His experience with the disease has been sad, and he has no treatment he can unhesitatingly recommend. Has seen the most violent case suddenly take a turn for the better and recover. On the other hand has seen mild cases, apparently convalescent, drop down dead. He does not think too much alcohol can be given; has seen a child take a pint and a half of whisky in a day with good results. He treats these cases as he would any other cases of blood poisoning.

DR. CATLIN: Has never had a case of croupal diphtheria to recover. Described one case in which he had performed tracheotomy with apparent success, but which afterwards died of paralysis of the heart.

DR. HOLLIDAY, of New Orleans: Thought the disease milder, as a rule, than formerly. Many cases lead to the belief that the disease is of local origin: others conclusively disprove this. If the diphtheria can localize, the patient is apt to recover, with plenty of nourishment and stimulants. If it does not have that tendency, the symptoms of blood poisoning are severe and the progress to a fatal end generally rapid. Has seen cases recover after loss of voice had occurred, but this was, he thought, only when the aphonia was due to slight ædema of the larynx from its proximity to the inflamed pharynx. When the membranes invaded the larynx and trachea, he did not think there was any hope of recovery.

Dr. Nunn, in conclusion, said that the peroxide of hydrogen acted as a solvent and disinfectant to the membranes. It was a harmless remedy and could be given to the parents to use *ad libitum*. He laid special stress on his method of using the biniodide in combination with the iodide of potassium.

DR L. D. BUCKLEY, of New York City, read on "Repeated Doses of Castor Oil, especially in certain Skin Diseases in Children." Dr. B. said that, though castor oil was a very old remedy it had been given only in large single doses from time to time, or in emulsion in very small doses continuously, for the relief of diarrhoa and dysentery. He thought he was the first to give it in doses of some size daily for any considerable period. The cases described in the paper to illustrate the treatment had all

been treated unsuccessfully with other remedies, showed relapses when the treatment was left off too soon or through some negligence of the patient, and it was noticed also that tonics and other remedies which before had disagreed or proved inefficacious, became useful adjuvants to treatment. Most of the cases were accompanied by torpor of the bowels and accumulation of fæces in the colon, but some were benefited even when this was not the case. The doses were regulated so as not to produce purging

The first case, one of chronic urticaria in a child of 6 years, was given the castor oil in teaspoonful doses once a day for one month, and for shorter periods on three other occasions. This together with adjuvants of quin-iron tonics and lacto-peptine accomplished a cure, the disease having

been exceedingly rebellious to remedies before.

In a number of cases of infantile eczema the same treatment was used with great advantage. In one of these cases an accompanying ulcer of the cornea, which had resisted treatment at the hands of oculists yielded in a remarkable manner.

Dr. B. next reported a case of acne simplex and rosacea of several years standing complicated with ulceration of the cornea. The treatment in this case was suggested by the success above recorded. The patient was 26 years old and took continuously two to four teaspoonfuls for something over a month with great improvement. The treatment was continued sometime longer with the addition of tonics, with the happiest results.

The next case, one of tonsillitis recurring monthly, was also successfully treated in a similar manner. The treat-

ment lasted six months.

These cases together with a number of others prove that castor oil in suitable doses may be taken with advantage re-

peatedly for a considerable period of time.

The oil acts as a stimulant to the abdominal organs, the apparently tonic action being due largely to the improved absorption and assimilation. Many cases of urticaria and tonsillitis are due to reflex irritation from the intestinal tract and are thus benefited by the oil. As to the administration of the oil, if a good quality is obtained and a lump of ice is held in the mouth before taking the oil, then after-terwards some ice water drank, it will not be a bad dose to take.

The oil should not be mixed with coffee, whisky or anything else. Children often become fond of it.

In conclusion, castor oil is not offered as a panacea for all evils. A great deal of the success, in the cases mentioned before, was due to the medicine given with it. On the other hand in certain conditions no remedy has been found to equal it.

SECTION ON STATE MEDICINE.

DR. E. W. SCHAUFFLER, of Kansas City, President; DR. J. N. McCormack, of Bowling Green, Kentucky, Secretary.

FIRST DAY.

The President read a communication from the Secretary, Dr. McCormack, regretting that he would be unable to be present. On motion, Dr. F. W. Parham, of New Orleans, was requested to act as Secretary pro tempore.

DR. JOHN AVERY, President Michigan State Board of Health, read an interesting paper on "State and Local Boards of Health." The organization of the public health service of the State of Michigan was the text of the paper. In Michigan, as in some other States, the State government had created a State Board of Health with subordinate boards in the various municipalities. The duties of the State Board are supervisory and advisory. The Local Boards are charged with the duty of administering and enforcing the laws and regulations relating to the public health. Each board must have a health officer, who must have a directed physician.

be an educated physician.

These boards are required to make at least one report annually to the State Board and to give to this Board immediate notice of the presence in their localities of any and all communicable diseases. The State Board acts as a sort of central signal station, being in direct and frequent communication with every city, village and township in the State. The powers given to these State and Local Boards of Health are large and the penalties authorized and enforced by the laws of the State enable them to exercise their functions fully. A valuable feature of this health organization is the holding of a series of sanitary conventions in the principal cities and villages of the State, under the auspices of the State Board of Health. these conventions papers are read by any persons interested in sanitary work and these papers together with synopses of the discussions are published in pamphlet form and distributed gratuitously throughout the State. These conventions are fairly attended and do great good in disseminating useful information and in gradually educating

the mass of the people.

An interesting discussion of the subject-matter of the the paper followed, in which Dr. Schauffler, of Kansas City, Dr. Murray, of Florida, Dr. Schenck, of Kansas, Dr. Rauch, of Illinois, and Dr. Avery, of Michigan, took an active part. An idea, expressed by several of the members, was that it might be well to give to Boards of Health the consideration only of such matters as pertain to sanitary science, the regulation of the practice of medicine being assigned to another organization entirely distinct.

SECOND DAY.

In view of the fact that the Section on State Medicine had hitherto been a failure, the attendance at the second day's session was quite encouraging. The session was a long and a highly interesting one. The subject of discussion was the paper of Dr. Frank S. Billings, of Boston, on "State Medicine," read by Dr. Nelson.

The paper dealt only with the subject of medical education, and handled the present system of medical instruction without gloves. He referred to the fact that the medical schools of this country had increased from sixty in 1876, to 134 at the present time. Endowed schools were the best we had, but these could not meet the requirements of the much needed system of medical education, because they did not form part of a public medical service. Speculative schools, and thus must be classed a large majority of the schools of this country, were as bad as it was possible for schools to be. Depending upon the patronage of students for support, they did not scruple to take advantage of everything that might increase their revenues. In their endeavors to get students they very much resembled the proprietors of summer hotels and boarding houses, sending broadcast over the land the most astonishing catalogues, stating their very superior advantages over other schools.

According to Dr. Billings, we have now no properly constituted medical schools. The desired ends of medical education could, he thought, only be attained by a "National Institute of Medical Sciences, supported and regulated by the government through a well-selected National Board of Health." Such an institute is not at present practicable, and the profession is not yet united enough to

admit of examining Boards throughout the country elected by the profession and authorized by the government. Under existing conditions, the power of such examining Board should be delegated to Boards of Health. The Medical Service of the country should form a comprehensive Public Health Organization; there should be a National Board of Health in Washington, a State Board in each and every State, and Local Boards in each city and large town. Where schools are State schools, their faculties might be the examiners, but as at present constituted these schools should be simply places of instruction; to the State Boards of Health should be given the examining and diploma, and license granting power. Thus, would the schools be made to pay by furnishing the best medical training.

An animated discussion followed the reading of this paper, Dr. Hibbell, of Indiana; Dr. H. O. Marcy, of Boston; Dr. Dabney, of Virginia; Surgeon General Hamilton, of the Marine Hospital Service; Dr. John B. Roberts, of Philadelphia; Dr. N. S. Davis, and others taking part.

Some thought Boards of Health, being of political creation, should not be examining Boards, but that these should be distinct and composed of men, not connected with colleges. selected for their competency and special fitness as examiners.

The prevailing opinion seemed to be that the examining board should attempt to ascertain the possession of a thorough knowledge of the elementary or fundamental branches only of medical education, and should in no way interfere with the practice of any particular system of medicine. The feature of the discussion was the instructive and very entertaining speech of Prof. NATHAN S. Davis, the nestor of our profession, and one whose long experience as a successful teacher entitled him to speak with authority on the subject of medical education. over an hour he held the attention of his audience. He spoke with great feeling and showed plainly that the fire of vouth was not yet smouldering. We greatly regret that our lack of space forbids our giving an extended report of his remarks. He felt convinced that the only way to elevate our standard of medical instruction was to take away from the colleges the power to confer diplomas, or licenses to practice medicine. The teaching body should be one and the examining body another, and composed only of men not connected with the other. Then colleges would not compete for patronage by underbidding one another, but would be forced to rest their claims upon reputations established as institutions, where men could be thoroughly prepared to engage in the practice of medicine. The first thing to do then, said he, was to get the miserable diploma out of the way.

DR. JOHN B. ROBERTS offered the following resolutions, which were adopted by the Section:

- "Resolved, That the Section on State medicine earnestly advocates the establishment in every State and Territory of State Boards of Medical Examiners and Licensers, whose certificate shall be the only license permitting practice of medicine in said Commonwealth;
- "Resolved, That the Section requests the American Medical Association to direct its permanent Secretary to transmit a copy of the annexed draft of a bill to the Secretary of each and every State Medical Society, requesting that each State society discuss said bill and report at the next meeting of this Association its views on the desirability of advocating such a bill."

The Secretary was directed to deliver the resolutions.

[The resolutions as passed by the Section were sent to the General Session of the Association and adopted by that body at its meeting, Friday, May 1st.—EDS.]

On the third day of the session nothing of any importance took place. A paper by Dr. Geo. Homans, of St. Louis, on "The Promise and the Potency of Cleanliness" was read and referred without discussion to the Committee on Publication.

ITEMS.

SONG OF THE BOARD OF HEALTH.

All ye who stand in fear this day, Of cholera expectant, Get out your wallets now and seek The sweetening disinfectant.

The copperas spare not at all,
Now with your zinc be handy.
Your chloride iron throw in at once,
Permanganate 's a dandy.

The chloride lime now solve again, Carbolic acid spatter; Bring on your charcoal, powdered well, Cremate decaying matter.

And thus we'll cramps, et cet., avoid,
And never, never double,
The while we eat and drink within
This sickly vale of trouble.
— [Louisville Courier-Fournal.

Our friend Dr. W. W. Pugh, of Texas, whose note on strychina poisoning appears in this number, was married on April 2d to Miss Willie Endora Houston, of Selma, a niece of ex-Gov. Houston, of Alabama. The Doctor has our hearty congratulations.

The Siglo Medico of April 12th confirms the report of the appearance of cholera in Jativa, in the province of Valencia, Spain. Following the usual rule, the cases of "gastro-enteritis" have become "suspicious," and finally acknowledged as Asiatic cholera by the Junta de Sanidad. Seventy deaths are said to have occurred already. Dr. Ferran, who was one of the Barcelona Commission to Marseilles, and who has published some very original views on the development of the comma-bacillus and its preventive inoculation, is studying the epidemic on the spot.—British Medical Journal, April 25.

We learn from a telegram in the daily press that the British Government will send a medical commission to Spain to investigate and report upon the work of Dr. Ferran.

Advices from Calcutta state that the cholera is increasing at Rangoon.

There is now in the "Epidemic Fund" of the Treasury \$300,000. This fund is under the control of the Marine Hospital Service, and will be used by the chief, Dr Hamilton, to fight any epidemic of cholera or yellow fever, which may occur in this country during the summer. In a newspaper "interview," Dr. Hamilton is reported as having said that he found affairs sanitary in a very satistactory condition at most of the southern ports.

The International Sanitary Conference at Rome, opened May 20th. The object is to effect an international agreement as to the best means of combating contagion compatible with commercial intercourse. Count Condona was elected president.

LACTOPEPTINE,

The most important remedial agent ever presented to the Profession for Dyspepsia, Vomiting in Pregnancy, Cholera Infantum, Constipation, and all Diseases arising from imperfect nutrition.

LACTOPEPTINE precisely represents in composition the natural digestive juices of the Stomach, Pancreas and Salivary Glands, and will, therefore, readily dissolve all foods necessary to the recuperation of the human organism.

CAUTION.

We regret that we are compelled to caution the profession in prescribing Lactopeptine, but very careful investigation has proven to us clearly the necessity of it.

Substitution of cheap and worthless compounds are being made in many cases where Lactopeptine is prescribed.

Lactopeptine is al cays UNIFORM, and its effects are SPECIFIC, and no one has ever been able to imitate its digestive value. If you do not obtain positive vesults when you prescribe Lactopeptine, you can be sure that some substitution has been made, and in such cases it may be necessary for the physician to prescribe Lactopeptine in the original ounce package to insure certainty of obtaining the genuine article. We can confidently make this assertion knowing the scrupulous uniformity in digestive value of every ounce of Lactopeptine.

Lactopeptine has always been kept strictly in the hands of the Medical Profession, never having been admitted in any publications but Medical Journals. It is prescribed by the most intelligent and educated physicians in all parts of the world, and there are but few physicians who have ever used Lactopeptine that will not agree with the late Prof. L. P. Vandell, when he says: "Lactopeptine is one of the certainties in medicine, and in this respect ranks with Quinine."

In the various forms of Dyspepsia, in Vomiting in Pregnancy, and in Mal-nutrition of children, there is no known remedy so positive in results.

The New York Pharmacal Association,
P. O. Box, 1574.

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139 CANAL STREET.

Jan. '83-1y.

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(Extact Malted Baley, Wheat, and Oats,)

The secret of a good Malt Extract consists principally in the Malting and Mashing of The secret of a good Malf Extract consists principally in the Malting and Mashing of the grain. Diastase is created by fermentation. In the mashing, Diastase is set free and preserved in vacuum pans at low temperature. Our early method of exporation in Vacuo was taken advantage of by competitive houses, which enabled them to improve the diastatic action of their preparations, in which, originally, they were wholly deficient. Our improvements in Malting and Mashing they have never been able to copy. That Maltine is at least one hundred per cent. More powerful in converting action than any preparation in the market, is primarily due to the fact that we have been able to preserve all the diastase that can possibly be produced from the grain, by our method of malting. Its great excess of nutritive value over that of any similar production has never been questioned. been questioned.

Maltine will convert 33 times its weight of starch at 140 Fahr, in 16 minutes. In proof of these statements, we beg to submit the following chemical analyses made from samples bought by the analysts out of stock in the open market:

By WILLIAM ROBERTS, M.D., F.R.S., Physician to the Manchester Royal Infirma-ry and Professor of Clinical Medicine to Owens' Medical College.—"If properly pre-nered Molt Extracts are visible in Disputes. pared, Malt Extracts are rich in Diastase, and have a high power in digesting starchy matters. But you will be surprised to learn, as I was, that a large proportion of the Malt Extracts of Commerce have no action on starch. Out of 14 trade samples of Malt Ex-tracts examined by Messrs. Dunston and Dimmock, ONLY THREE possessed the power of acting on starch. These brands were MALFINE. Corbyn, Stacy & Co.3 Extract, and Keppler's Malt Extract."—British Medical Journal.

Prof. R. H. CHITTENDEN, of Yale University: "'Maltine' far exceeds in diastatic power any of the six preparations of malt which I have examined. Ten grains of 'Maltine,' warmed at 63-65°C., for fifteen minutes with 125 grains of starch in five oz. of water in the form of paste, formed from the starch 7.43 grains of sugar, calculated as dextrose. Ten grains of Trommer's Extract of Malt, under similar conditions, formed during the same length of time 1.47 grains of augar calculated as dextrose? of sugar, calculated as dextrose.

Prof. ATFIELD, F.R.S., F.I.C., F.C.S., etc. Oct. 8, 1883—"I now find that 'Maltine' contains from three to five times as much diastose as any Extract of Malt in the market."

Prof. WALTER S. HAINES, A.M., M.D., Rush Med. College, Chicago, Dec. 13, 1833— "'Maltine' will convert a much larger amount of starch into sugar than any of the Malt Extracts examined, and I therefore regard it as the best Malt preparation with which I am acquainted.

Prof. ALBERT B. PRESCOTT, M.D., F. C.S., Univ. Michigan, Jan. 7, 1884—" Maltine' converts 33 times its weight of starch. Trommer's Extract converts 16 times its weight of starch."

Prof. R. DORSEY COALE, Lecturer on Chemistry and Toxicology, Univ. of Maryland, Baitimore, Md., Feb. 7, 1884— I obtained in the open market, from four different wholesale dealers in this city, samples of 'Maltine' and 'Trommer's Extract of Malt,' and have subjected them to chemical analysts to determine the relative diastatic value of these preparations. From result sub-mitted, it will be seen that 'Maltine' is far superior in converting power. A given weight of Maltine formed into sugar 1.819 gramme, while the same weight of Trommer's Extract Malt, under exactly same conditions, formed 898 gramme.

CHARLES HARRINGTON, M.D., Harvard Univ.—"Comparing 'Maltine' with Tronner's Extract of Malt, I find, after a series of comparative tests, that 'Maltine' possessed double the converting power of Tronmer's preparation. A given weight of 'Maltine' converted twice the amount of starch that the same weight of Trommer's did, and in less time."

Dr. STUTZER, Director of the Imperial Chemical Agricultural Laboratory for Rheinish Prussia. Bonn, Germany, Dec. 1, 1883— "As to diastase, 'Maltine' is far superior to the best Extracts of Malt I have ever seen.

Prof. EDWARD W. MORLEY, M.D., Ph. D., Cleveland Med. Coll. Dec. 27, 1883—"It will be seen that your 'Maltine' exceeds the Trommer Extract of Malt by fully 90 per cent. in diastatic action.

Prof. CHARLES R. C. TICHBORNE, LL., D., F.C.S., M.R.I.A. Dublin, Nov. 10, 1883— "Having examined the principal unferment-ed Extracts of Malt in the market, I find Multing, is the rightest in two sets, I find Maltine' is the richest in two of the most important ingredients in these foods, namely, the phosphates or bone-formers, and that peculiar farinaceous digestive, called diastase.

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Pseudo membranous, ulcerative, or gangrenous, when the inflammation is sub-acute, or characterized by profuse secretion of sept mucous, use as a gargle or wash in proportion of 1 to 2 drs. to water 4 ounces. When the breath is offen sire. Pot. Chierato or Espitisia assistaists action.

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acute or chronic, when the urine is pale or greenish, and viscid from abundance of mucous, use internally 1 to 4 drs. in water 4 cunces. In the severer cases of Chronic Cystitis with phosphatic urine, rinsing out the bladder with tepid water, and tellowing with Fluid Hydrastis 1 to 2 drs. to water 4 ounces; one ounce to be used as an injection into the bladder, is often of great benefit.

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with undue attevity of the mucous glands and deficient action of the gastric follicles, of which the symptoms are a heavy loaded tongue, especially at the base; and in the mouning, dull aching pains in the stomach, with sinking seasations, nausea, and occasional voniting of vitiated mucous, use half to one ounce Fluid Hydrastis to a pint of sherry er native wine. Desert spoorful, 30 of times a day.

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especially of the type-characterized by disease of the Gastro-intestinal nucous membrane, with nausea, heavily coated tongue, broad and flabby and pale, or coated with yellow, dirty nucous; bowels constipated, or when moved, evacuations clay colored or streaked with mucous, use I to 4 drs. with water 4 onness. Teaspoond every three or four hours,

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to prevent decomposition, applied to the surface of cancerous growths and unhealed ulcers and sores; as an injection into the bowels in diarrhosa and dysentery, and to correct the offensive character of many uncous ditcharges.

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The Spring Session consists chiefly of recutations from Text-books. This Session begins about the middle of March and continues until the middle of June. During this Session, daily recitations in all the departments are held by a corps of Examiners appointed by the Faculty. Short courses of lectures are given on special subjects, and regular clinics are held in the Hospital and in the College building.

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FORTY-FOURTH SESSION, 1884-85.

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CHARLES INSLEE PARDEE, M. D.,
Dean of the Faculty; Professor of Otology; Surgeon to the Manhattan Eye and

ogy; Surgeon to the Manhattan Eye and Ear Hospital.

J. W. S. ARNOLD, M. D., Professor Emeritus of Physiology and Histology.

JOHN C. DRAPER, M. D., LL. D., Professor of Chemistry.

ALFRED M. LOOMIS, M. D., LL. D., Professor of Pathology and Practice of Medicine; Physician to Bellevue Hospital

WM. DARLING, M. D., LL. D., F. R. C. S., Professor of General and Descriptive An-

10

WM. H. THOMPSON, M. D. Professor of Materia Medica and Therapeutics; Diseases of the Nervous System; Physician

eases of the Nervous System; Physician to Bellevue Hospital.

J. WILISTON WRIGHT, M. D., Professor of Surgery; Surgeon to Bellevue Hospital.

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STEPHEN SMITH, M. D., Professor of Clinical Surgery; Surgeon to Bellevue Hospital

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F. R. S. DRAKE, M. D., Clinical Professor of Medicine; Physician to Bellevue Hosital; Physician to Emergency Hospital.

JOSEPH E. WINTERS, M. D., Clinical Professor of Diseases of Children.

N. M. SHAFFER, M. D., Clinical Professor of Orthopædic Surgery; Surgeon to New York Orthopædic Hospital.

P. A. MORROW, M. D., Clinical Professor of Venercal Diseases; Surgeon to Charity Hospital.

Hospital.

THE PRELIMINARY SESSION will begin on Wednesday, September 17th, 1884, and end October 1, 1884. It will be conducted on the same plan as the Regular Winter Session. THE REGULAR WINTER SESSION will begin October 1, 1884, and end about the middle of March, 1885. The plan of Instruction consists of Didactic and Clinical Lectures, recitations and Laboratory work in all subjects in which it is practicable. To put the laboratories on a proper footing, a new building has been erected at an expense of forty thousand dollars. It contains laboratories fitted for instruction in Chemistry, Histology, Pathology, Materia Medica, Operative Surgery and Gynacology.

Two to five Didactic lectures and two or more Clinical lectures will be given each day by members of the Faculty. In addition to the ordinary clinics, special clinical instruction, WITHOUT ADDITIONAL EXPENSE will be given to the candidates for graduation during the latter part of the Regular Session. For this purpose the candidates will be divided into sections of twenty-five members each. All who desire to avail themselves of this valuable privilege must give in their names to the Dean during the first week in November. At these special clinics, students will have excellent opportunities to make and verify diagnoses, and watch the effects of treatment. They will be held in the Wards of the Hospitals and at the Public and College Dispensaries. Dispensaries.

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THE SPRING SESSION will begin about the middle of March and end the last week in May. The daily Clinics and Special practical Courses will be the same as in the Winter Session, and there will be lectures on Special Subjects by Members of the Faculty.

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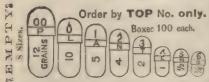
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We guarantee the uniform strength and purity of our Malt Extract. We are engaged exclusively in this manufacture, and produce one quality only, and challenge any statement to the contrary by whomsoever made. We are able to furnish thoroughly convincing proof of its excellence, in the form of testimonials of physicians and chemists of high repute in America and Europe, many of whom in deference to a growing sentiment in the profession are averse to having their names appear in advertisements. We take pleasure, however, in submitting them in another manner to those who request it, free of expense. It is more than suspected that another class of testimonials which laud to the skies the wares of certain manufacturers, while denouncing an article of long-established merit, have been in some instances too easily obtained. Suspicion is further aroused by the tergiversations and inconsistencies characterizing certain eager contributions which on occasion have toung space in medical journals, exhausting the vocabulary of good words in one issue, while in another the same preparation is pronounced to be an inferior product of a house engaged in fraudulent practices. The readers of such contributions would probably be edified if made acquainted with some facts having possible relation to their contradictory character.

For the general convenience we publish an approved method for the

ESTIMATION OF DIASTASE.

For carefully making this, have 12 clear and uniform 2-oz. vials filled with distilled water, and two drops of Iodine Solution prepared from 2 grams Iodine, 4 grams Iodide of Potassium, and 250 grams water, a good thermometer, and starch mucilage. To prepare the mucilage, 10 grams starch are stirred with 30 grams water and poured into 125 or 150 grams boiling water. The thermometer is then introduced and the temperature allowed to cool to 100° F., and maintained so by the water-bath. Ten grams extract of malt dissolved in 10cc. water are then stirred into the mucilage, the time being accurately noted. After one minute a good extract will have converted the thick mucilage ia30 a thin liquid. As soon as this change has taken place, it is necessary to examine the progress of starch into soluble starch, dextrin, and sugar, at the end of every minute, by the following method:

After the expiration of the first minute transfer two drops, by means of a glass rod, into one of the 2-oz, bottles. The bottle is shaken and placed near a window. At the end of every minute repeat this manipulation with a new bottle until the coloration is no longer produced. The time necessary for effecting this change gives the indication as to the amount of diastase present. Undecomposed starch mucilage gives a greenish-blue color, and after standing some time a blue precipitate. Soluble starch, the first product of the change, yields, with Iodine, a dark-blue solution without a precipitate. If the amount of soluble starch equals that of dextrin and sugar, the color of the solution will be purple. As the soluble starch disappears, the solution will be of a decided red color if dextrin predominates, or faintly red if the sugar be in excess; and, when starch and most of the dextrin have been converted into sugar, the liquid will be nearly or entirely colorless. This experiment is very interesting,

For convenient methods for the estimation of solid matter and water, dextrin, sugar, etc., and determination of albuminates and free acid, refer to "American Journal of Pharmacy," Vol. 55, No. 6.

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- :

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Dr. Stutzer, Director of the Imperial Agricultural Chemical Laboratory for Rheinish Prussia, Bonn, in a long and interesting article in the *Pharmaceutische Centralhalle* on the nourishing power of various natural and artificial foods for intants and invalids, gives the following results as far as concerns their nitrogenous nutritive constituents:

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"Dr. Stutzer further exposes the often exposed superstition about the nourishing powers of beef tea. He shows that we would have to take half a gallon of beef tea, made with a pound of beef to each pint of water, before we get as much nourishment as is contained in a quarter of a pound of steak."—New York Medical Times.

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 5
 to 6

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 54 " 55

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May, with short vacations at Thanksgiving and at Christmas.

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I. DIDACTIC LECTURES—During the Session, from two to six lectures are given daily by the Faculty. Attendance obligatory.

II. CLINICAL TEACHING—Ten Clinics, covering all departments of Medicine and Surgery, are held weekly throughout the entire year in the College Building. In addition, the Faculty give daily clinics at the large City Hospitals and Dispensaries (such as the Bellevue, Charity, New York and Roosevelt Hospitals, the New York Eye and Ear Infirmary, the Woman's Hospital, etc.,) as a regular feature of the College curriculum. Attendance optional. Attendance optional.

Attendance optional.

III. RECITATIONS are held daily. Attendance optional.

IV. PERSONAL INSTRUCTION—Personal Instruction is given in Practical Anatomy, Operative Surgery, Minor Surgery, Physical Diagnosis, Operative Midwifery, Otology, Laryngoscopy, in Normal and Pathological Histology and the examination of the Urine. Attendance optional, except upon Practical Anatomy.

EXPENSES—The necessary expenses are a yearly matriculation fee (\$\frac{5}{5}\$), the fees for the lectures of the Session (\$\frac{5}{2}\$o for the course on each branch, or \$\frac{5}{4}\$not of the entire curriculum, the Practical Anatomy fee (\$\frac{5}{3}\$) and a small charge for material), and a Graduation fee of \$\frac{5}{3}\$0. The Graduating Course requires three calendar years' study, with a preceptor (including the time spent in attendance at the College) attendance upon two full courses of lectures the second, at least, at this College, and upon one course of Practical Anatomy. Remissions and reductions of lecture fees are made to graduates and students who have already attended two full courses. All fees are payable in advance. Board can be had for from \$\frac{5}{5}\$ to \$\frac{5}{9}\$ a week and the Clerk of the College will aid students in obtaining it.

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The COLLEGIATE YEAR embraces the Regular Winter Session and a Spring Session

The REGULAR SESSION begin, on Wednesday, September 17, 1884, and ends about the middle of March, 1885. During this Session, in addition to the regular didactic lectures, two or three hours are daily allotted to clinical instruction. Attendance upon two regular courses of lectures is required for graduation.

The Spring Session consists chiefly of recitations from Text-books. This Session begins about the middle of March and continues until the middle of June. During this Session, daily recitations in all the departments are held by a corps of Examiners appointed by the Faculty. Short courses of lectures are given on special subjects, and regular clinics are held in the Hospital and in the College building.

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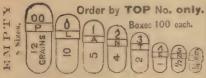
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For the general convenience we publish an approved method for the

ESTIMATION OF DIASTASE.

For carefully making this, have 12 clear and uniform 2-oz. vials filled with distilled water, and two drops of Iodine Solution prepared from 2 grams Iodine, 4 grams Iodide of Potassium, and 250 grams water, a good thermometer, and starch mucilage. To prepare the mucilage, 10 grams starch are stirred with 30 grams water and poured into 125 or 150 grams boiling water. The thermometer is then introduced and the temperature allowed to cool to 100° F., and maintained so by the water-bath. Ten grams extract of malt dissolved in 10cc. water are then stirred into the mucilage, the time being accurately noted. After one minute a good extract will have converted the thick mucilage into a thin liquid. As soon as this change has taken place, it is necessary to examine the progress of starch into soluble starch, dextrin, and sugar, at the end of every minute,

by the following method:

After the expiration of the first minute transfer two drops, by means of a glass rod, into one of the 2-oz, bottles. The bottle is shaken and placed near a window. At the end of every minute repeat this manipulation with a new bottle until the coloration is no longer produced. The time necessary for effecting this change gives the indication as to the amount of diastase present. Undecomposed starch mucilage gives a greenish-blue color, and after standing some time a blue precipitate. Soluble starch, the first product of the change, yields, with Iodine, a darkblue solution without a precipitate. If the amount of soluble starch equals that of dextrin and sugar, the color of the solution will be purple. As the soluble starch disappears, the solution will be of a decided red color if dextrin predominates, or faintly red if the sugar be in excess; and, when starch and most of the dextrin have been converted into sugar, the liquid will be nearly or entirely colorless. This experiment is very interesting, and is simple to perform.

For convenient methods for the estimation of solid matter and water, dextrin, sugar, etc., and determination of albuminates and free acid, refer

to "American Journal of Pharmacy," Vol. 55, No. 6.

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The Abdominal Supporter is a broad merroco leather belt with elastic straps to buckle around the hips, with concave front so shaped as to hold up the abdomen. The Uterine Support is a cup and stem made of highly polished hard rubber, very light and durable shaped to fit the neck of the womb, with openings for the secretions to pass out, as shown by the cuts. Cups are made with extended lips to correct flexions and versions of the womb.

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EXPENSES—The necessary expenses are a yearly matriculation fee (\$5), the fees for the lectures of the Session (\$20 for the course on each branch, or \$140 for the entire curriculum, the Practical Anatomy fee (\$10 and a small charge for material), and a Graduation fee of \$10. The GRADUATING COUNSE requires three calendar years' study, with a preceptor (including the time spent in attendance at the College) attendance upon two full courses of lectures fees are made to graduates and students who have already attended two full courses. All fees are payable in advance. Board can be had for from \$5 to \$0 a week and the Clerk of the College will aid students in obtaining it.

HOSPITAL APPOINTMENTS—Four appointments a year upon the House Staff of Bellevue Hospital are awarded by the Faculty, to those who pass the best examination for the degree of M. D. Public compet

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Professor of Materia Medica and Therapeutics, Clinical Medicine and Hygiene.

STIRLING D. KENNEDY, M. D.,
Lecturer upon Diseases of the Eye and Ear.

ALBERT B. MILES, M. D.,
Demonstrator of Anatomy

Demonstrator of Anatomy.

The next annual course of instruction in this Department (now in the fifty-first year of its existence) will commence on Monday, the 20th day of October, 1884, and terminate on Saturday the 27th day of March, 1885. The first four weeks of the term will be devoted exclusive by to Clinical Medicine and Surgery at the Charity Hospital; Practical Chemistry in the Laboratory; and dissections in the spacious and airy Anatomical Rooms of the Univer ity.

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The Charity Hospital contains eight hundred beds, and received, during the last year, more than eight thousand patients. Its advantages for practical study are unsurpassed by any similar institution in this country. The Medical, Surgical and Obstetrical Wards, are visited by the respective Professors in charge daily, from eight to ten o'clock A. M., at which time all the Students are espected to attend, and familiarize themselves at the bedside of the patients, with the diagnosis and treatment of all forms of injury and disease.

The regular lectures at the Hospital, on Clinical Medicine by Professors Bemiss, Elliott and Joseph Jones, Surgery by Professors Richardson and Logan, Diseases of Women and Children by Professor Lewis, and Special Pathological Anatomy by Professor Chaillé, will be delivered in the amphitheatre on Monday, Wednesday, Thursday and Saturday, from to to 12 o'clock A. M.

10 to 12 o'clock A. M.

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J. M. DA COSTA, M. D., LL. D., Practice of Medicine.

WM. H. PANCOAST, M. D., General, Descriptive and Surgical Anatomy.

ROBERT E. ROGERS, M. D., LL. D. Medical Chemistry and Toxicology.

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SAMUEL W. GROSS, M. D., Principles of Surgery and Clinical Surgery.

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The Spring Session of 1865 will begin on Monday, March 16th, and continue twelve weeks. The recitations are under the direction of Prof. Dennis and Drs. Goldthwaite and Griswold. The regular curriculum includes the following, in addition to the recitations: Microscopical Examination of Urine, Prof. Janeway; Surgical Operations on the Cadaver, Prof. Dennis; Operative Midwifery and Gynæcology, Dr. Goldthwaite, Post-Mortem Examinations, Prof. Janeway; Exercises in Medical Diagnosis, Prof. Flint; Exercises in Surgical Diagnosis, the Use of Instruments, Surgical Dressings, etc., Profs. Mott, Bryant, Keyes and Dennis and Dr. Alexander; Pathological Demonstrations in the Carnegic Laboratory, Profs. Janeway and Dennis.

An important feature in the Spring Session will be the opening of the Carnegie Laboratory, fully equipped with scientific apparatus. The laboratory building is five stories high, and contains three sets of laboratories with a large auditorium.

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After the expiration of the first minute transfer two drops, by means of a glass rod, into one of the 2-oz. bottles. The bottle is shaken and placed near a window. At the end of every minute repeat this manipulation with a new bottle until the coloration is no longer produced. The time necessary for effecting this change gives the indication as to the amount of diastase present. Undecomposed starch mucilage gives a greenish-blue color, and after standing some time a blue precipitate. Soluble starch, the first product of the change, yields, with Iodine, a dark-blue solution without a precipitate. If the amount of soluble starch equals that of dextrin and sugar, the color of the solution will be purple. As the soluble starch disappears, the solution will be of a decided red color if dextrin predominates, or faintly red if the sugar be in excess; and, when starch and most of the dextrin have been converted into sugar, the liquid will be nearly or entirely colorless. This experiment is very interesting, and is simple to perform.

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(LECTURER ON OBSTETRICS AND GYNECIC SURGEON TO THE PHILADELPHIA LYING-IN CHARITY.

E desire to call the attention of the medical profession, to a new form of Antiseptic Dressing, suggested by Charles Meigs Wilson, M. D., of this city. It consists of 7.3 grains of corrosive sublimate and 7.7 grains of ammonium chloride, in the form of Compressed Tablets, each of which, when added to a pint of water, will make a millesimal solution. The ammonium chloride hastens solubility, and makes a permanent solution, by preventing the decomposition of the bichloride

and the deposition of calomel.

Dr. Wilson says (Medical News, December 27th, 1884): "To those medical men who desire to use this, the safest and best antiseptic agent, the Tables will prove of great use; they save the carrying about of bulky solutions; they make a solution which is mathematically correct, as to its strength; they eliminate an element of danger, because the physician can carry the Tablets about with him, making and using the Solution when required, and throwing the unused portion away, thus avoiding the necessity of leaving a dangerous poison in the hands of irresponsible or ignorant people, or the necessity of bringing his solution at each visit; they will also be of use as a means of preparing disinfectant solutions, as a large amount of disinfecting material can be obtained in this way in a compact form."

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